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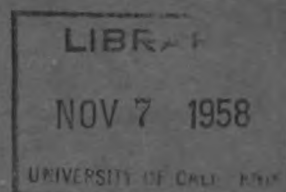
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THE DEFINITION AND DIAGNOSIS OF MORAL IMBECILITY (I)¹

By A. F. TREDGOLD.

OF the four classes of Mental Defect which are defined in the Mental Deficiency Act of 1913, there is none which has given rise to so much discussion, or about which such widely divergent views are current, as that of Moral Imbecility. On the one hand, there are persons who regard almost every individual guilty of persistent wrongdoing as a Moral Imbecile. On the other hand, there are those who deny the very existence of such a condition. For these reasons an interchange of views is highly desirable, and I am honoured by being asked to open a discussion on the subject.

Moral Imbeciles are defined as "Persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect." The legal concept of Moral Imbecility, therefore, is that of a combination of mental defect and marked misconduct. Now it is evident that this raises a very large question, namely, that of the relationship between mind and misconduct. It is obviously impossible to discuss this here at length, but it seems to me so fundamental to the understanding of our present subject that some consideration of it is essential. In doing this I must say that I lay no claim to being a Psychologist, I am merely a Physician; but for the past twenty-five years or more my work has brought me, almost daily, into contact with persons of all ages and social condition whose conduct has been faulty, and as a result of this experience I have been led to certain conclusions on the matter. I would preface a short account of these by saying that, broadly speaking, I define misconduct as the active violation of, or failure to conform to, the laws and accepted social code of the community to which the individual belongs.

I think we shall agree that the infant possesses a store of nervous energy which must have an outlet in some kind of movement. In the early months of life this movement, apart from certain deeply fixed organic instincts, such for instance as that of sucking, is for the most

¹ A contribution to a Symposium arranged by the Education and Medical Sections of the British Psychological Society in March 1926.

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part devoid of special purpose. As the development of brain and mind proceeds, however, and as the child comes under the influence of his surroundings through his special senses, this nervous energy tends to find expression along certain pathways and in so doing to give rise to certain particular forms of behaviour which are more or less common to the whole human species. This behaviour is of the type known as 'instinctive' and it is largely reflex, inasmuch as it is a more or less immediate response to an external stimulus. At the same time it is probably accompanied by some degree of cognition and emotion, and it is reinforced by some amount of personal striving. I think there is little doubt that this instinctive behaviour is the result of the gradual evolving of an organic pattern in the central nervous system, that the tendency to the development of this pattern is inherited from a very remote past, and that it has a high survival value for the reason that for innumerable generations such instinctive action was essential to the safety and survival of the individual, and so to the perpetuation of the race. This type of behaviour, however, dating as it does from a period long antecedent to any highly organized social life, was, and is, essentially self-seeking. It is quite incompatible with the type of communal life which now obtains in a civilized society; it is even intolerable within the restricted sphere of the family; hence, at an early age, influences are brought to bear upon the child directed towards its modification. These influences consist of the examples set by older members of the family, of reiterated prohibitions and precepts, of approval, admonition and punishment. The combined influence of these, together with the child's imitateness and growing intelligence, results in his gradually acquiring habits of obedience, slowly learning that his instinctive outbreaks are unpopular, attended with unpleasant consequences, and do not pay, and, in short, in his developing some measure of self-control. We may say, I think, that the child has now acquired a brake over his instinctive tendencies which enables him, in some degree, to regulate his behaviour in accordance with the requirements of his family life.

I think control at this stage is mainly intellectual, although no doubt to some extent fear of consequences plays a part. The child has arrived at an understanding that certain acts are approved and others disapproved of, and his common sense tells him that it is to his advantage to act in accordance with his knowledge. He has, in fact, verbal morality, or ethical perception: but I do not think that at this stage he has any real moral feeling. Gradually, however, as a result of example, precept, punishment and the expressed approval and disapproval of those for

whom he has regard he begins to experience emotions regarding his acts. To the idea of the acts he is permitted and encouraged to do there becomes attached a feeling of satisfaction, of self-approbation, and of increased self-respect. To the idea of those which are prohibited there become attached feelings of fear, of uneasiness, and of vague dissatisfaction. These emotions gradually lead to the development of the sentiments of rightness and wrongness in regard to ideas of conduct, and this constitutes the basis of moral sense. With the development of this sentiment the individual may be said to have acquired a second brake, and this serves still further to control the manifestation of his primitive selfish instincts.

I do not propose here to discuss the further evolution of this moral sentiment, beyond saying that it would appear to be the germ out of which are developed all those higher emotions of justice, patriotism, duty and altruism generally which serve to distinguish the man of culture from the primitive savage, and which have played such a large part in the progress of civilization. I would desire, however, to draw attention to some points regarding it. The first is the important difference which I think obtains between moral sentiment or sense, and moral perception or discrimination. The latter is a purely intellectual process. Moral sense, on the other hand, is essentially emotional and conative. Secondly, the development of moral sense, like that of any other attribute of mind, is dependent upon the two factors of innate potentiality for development, and the realization of this potentiality by a favourable *milieu*. Thirdly, I think that moral sense exerts a greater power of inhibition over primitive instincts than does mere moral perception. This latter only operates through the recognition of the advantage to be gained or the disadvantage to be avoided, and should the advantages of misconduct appear to outweigh the disadvantages then, in the absence of any emotion regarding the act, misconduct will be committed. The individual possessed of moral sentiment, however, will experience a repugnance and abhorrence concerning acts of misconduct which will cause him to do the right even if it be to his material disadvantage. Moral sense is thus not merely inhibitory, it exerts an active, impelling force towards correct conduct, and I may observe that this sentiment may be so highly developed as to overcome even the fundamental instinct of self-preservation, as we see in the case of individuals taking part in a forlorn hope at the call of duty, or gladly suffering martyrdom for an ideal.

In brief, it seems to me that in regard to his behaviour the individual passes through three stages. For the first few years of life conduct

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consists in the main in the manifestation of certain deeply ingrained tendencies. These are for the most part self-seeking, and amongst them combativeness, acquisitiveness, and self-display loom very largely. Next, as a result of example, precept and punishment, the child develops habits of obedience to authority, he gradually recognizes that such conduct is to his disadvantage and does not pay, and he thus acquires some degree of control over his instincts. But he is still liable to misbehave if the chance of detection seems slight and the personal advantages of so doing appear to him to outweigh the disadvantages. Lastly, he develops a feeling regarding his acts. To those which are allowed the complex emotion of 'rightness' attaches. To those which are prohibited the emotion of 'wrongness' attaches. With the development of this moral sentiment he has acquired still further control over his instincts and is now not only capable of refraining from wrongdoing, but of conforming to an ideal of conduct, even if such is to his disadvantage. This, of course, is a very brief and bald outline; but it appears to me to be the general pathway followed by each individual in the acquirement of that control over his primitive instincts which is essential for conformity to the requirements of a civilized community. I think, in the main, it is also the pathway which has been trodden by the race in its ascent from savagery to civilization.

It seems clear, therefore, that the result, that is whether the life history of the mature individual will be characterized by correct conduct or by misconduct, will be dependent upon two factors, namely, the degree to which these controlling functions of mind are developed, and the strength of those innate tendencies which have to be controlled. I think there is no doubt that the latter vary very considerably in different individuals. In some, anti-social impulses are not particularly pronounced, the environment is favourable to the development of control, and there is never any marked liability to serious misconduct. But in other individuals this is not so. Egotistic tendencies are very strong, and wisdom and moral sense avail to restrain them with difficulty. There are occasions when this inhibition fails, and the individual then becomes guilty of a serious breach of the law. It follows, that in the case of persons who are persistently guilty of serious misconduct we shall find that, either they are possessed of abnormally marked anti-social propensities, or their inhibitory functions of wisdom and moral sense are unusually weak. In some cases both these conditions are present. It is necessary to point out, however, that even with fairly strong anti-social propensities, an individual may still keep within the bounds of the law

in the absence of moral sense, provided he has wisdom. As a matter of fact I believe that there are a very large number of people in whom moral sense is very poorly developed; but they have sufficient common sense, or wisdom, to appreciate the personal disadvantages of wrongdoing, and this acts as an efficient check so long as there is any likelihood of detection. Such persons, however, are potential criminals; the idea of committing a crime is attended with no feelings of shame or repugnance; if the chances of detection appear slight, and the personal advantages considerable, they become actual criminals.

It may happen, however, that in an individual possessed of strong anti-social propensities, moral sense and wisdom are *both* defective. In such a case he is devoid of all power of inhibition. He neither experiences any feelings of abhorrence, repugnance or shame in regard to an act of misconduct, nor has he the wisdom to look sufficiently far ahead and to perceive its disadvantage to him personally. And this in spite of the fact that his previous misdeeds have been detected and punished and that detection and punishment in the present instance are inevitable. Such a person is necessarily entirely at the mercy of his propensities and is an incorrigible criminal.

In my opinion this is the condition present in Moral Imbecility. The Moral Imbecile is not lacking in the capacity for acquiring school knowledge as are all ordinary Imbeciles and a large number of the Feeble-minded. On the contrary, he is often possessed of a cleverness, even a brilliance, which distinguishes him very widely from most ordinary defectives. He is also usually a good conversationalist, is ready at repartee and nimble witted; he has an engaging manner and is an exceedingly plausible and ready liar. But he is absolutely devoid of all moral and altruistic feeling. He will lie when the truth would answer his purpose just as well. He knows neither shame nor gratitude and will requite the utmost kindness and consideration with heartless robbery; in doing which he will not even refrain from violence. At the same time he is so devoid of the capacity for mental comparison and discrimination, for forming judgments, and for looking ahead—in short of those attributes of mind which collectively constitute wisdom or common sense—that he is quite unable to appreciate the personal disadvantages of such conduct. Even in the commission of his crimes he will either neglect the most simple and obvious precautions, or he will act with such a total disregard of prudence as to make detection inevitable. In short, I regard the psychological basis of Moral Imbecility as consisting of an innate defect of wisdom and moral sense associated with the presence of strong anti-social tendencies.

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There is no doubt that such a person is a Mental Defective. As a matter of fact he conforms to the statutory definition both of 'Imbeciles' and of 'Feeble-minded persons' and, in theory, he is capable of being certified under these definitions. I may add that, in theory, he is also capable of being certified as a 'person of unsound mind' under the Lunacy Act—indeed Moral Imbeciles have actually been so certified. For practical purposes, however, certification under any of these three terms is out of the question. This arises from the fact that in the minds of magistrates and medical men there is a fixed idea that a person cannot be a Mental Defective unless he is markedly illiterate, and that he cannot be of unsound mind unless he is full of delusions or is raving mad. The Moral Imbecile is neither of these and hence, in order to provide machinery for getting him under control, it was deemed expedient to place him in a class by himself and to draft a new definition. In view of the long association of the word 'Imbecile' with a marked degree of illiteracy I think the use of the word in regard to these persons is apt to mislead and that Moral Defective would have been a better one. With regard to the definition itself, however, I believe that it does, on the whole, define the class which it is intended to define with a very considerable degree of accuracy.

I now come to the question of diagnosis. I am inclined to think that no little of the difficulty experienced in deciding whether a person is, or is not, a Moral Imbecile, is due to the lack of a clear concept of this condition and to a misunderstanding of the terms of the official definition. I hope that what I have said may tend to clarify this concept; it remains to make a brief allusion to the four terms of the definition which must be complied with before an individual can be certified.

With regard to two of them, namely, strong vicious or criminal propensities and that relating to punishment, there is little to be said. The presence of anti-social propensities is self-evident, and indeed it is owing to these that the suggestion of moral imbecility is raised. With regard to punishment, I would remark that this is not merely a legal term which must be complied with to bring a person within the statute. The child who is normal is usually deterred by suitable punishment; but the child lacking in common sense is not so deterred, hence this is a diagnostic criterion of considerable significance.

The remaining terms, namely, "from an early age" and "permanent mental defect" are those which present the greatest difficulty and they must be considered somewhat more fully. I have expressed the opinion that the psychological basis of persistent misconduct consists, in general,

of a failure of the inhibitory functions of wisdom and moral sense. It does not follow, however, that every person in whom such failure of inhibition occurs is a Moral Imbecile. To come within this category such failure must be due to a permanent defect from an early age, and it is necessary to point out that a similar failure may take place in other states, namely in Decay, Disorder and Delayed Development of Mind.

The gradual mental decay which takes place in old age does not as a rule give rise to misconduct, for the reason, I think, that it is a more or less uniform process, incident alike upon instinctive tendencies and inhibitory processes. But there are certain conditions, such, for instance, as the Dementia consequent on atheroma of the cerebral arteries, General Paralysis and Dementia Praecox, in which the controlling functions of mind undergo a pathological degeneration at an age when instinctive tendencies are still strong, and in these cases we meet with marked alterations of conduct, sometimes of a very serious nature. I may remark that I have been often consulted with regard to alleged cases of Moral Imbecility which proved to be Juvenile General Paralysis or Dementia Praecox.

Disorder of the inhibitory functions occurs in many conditions. One of the best known instances is, of course, insanity; but serious disturbance of function attended with misconduct may take place in many states short of this, such, for example, as the various Psycho-neuroses and states of conflict; the Mental Instability which is particularly common during the adolescent and climacteric epochs; post-epileptic states; toxic infections by alcohol, lead, and various micro-organisms, under which may probably be included Encephalitis Lethargica.

Lastly, the individual may be incapable of controlling his evil propensities owing to a delayed development of the inhibitory functions. In some instances this occurs as an individual peculiarity quite irrespective of training or environment. Just as some persons are late in acquiring speech, or in developing motor control, so there are others in whom the higher controlling functions of mind are delayed in their evolution. The normal range of variation with regard to such evolution is so wide that it is difficult to specify any precise age limit. Probably, however, in most normal children whose upbringing has been satisfactory, an adequate degree of control is present by, or shortly after, puberty. But I have had experience of persons in whom control has not been developed until the late 'teens, yet who subsequently have proved thoroughly satisfactory and efficient citizens. It need hardly be pointed out that where training and upbringing are faulty, and still more, where the child is brought up

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in a vicious and criminal environment, adequate control cannot be expected. I have no doubt that a very large number of cases of persistent wrongdoing in children and adolescents are due to such faulty upbringing. I may remark that the definition as originally proposed contained the words "in spite of careful upbringing," but these were subsequently deleted.

It is apparent then, that in the diagnosis of Moral Imbecility there are many conditions prone to be accompanied by more or less serious misconduct which have to be excluded. When it has been found that the individual shows a lack of moral feeling and common sense, it has yet to be ascertained that this is not due to deterioration, disorder, or retarded development of mind. This is a matter which can only be settled satisfactorily by careful examination and by full enquiry into the personal history. In view of the possibility of retardation, I think that a positive diagnosis in the case of a child of school age is strongly to be deprecated, indeed personally I have the greatest hesitation in diagnosing any person as a Moral Imbecile until he has at least reached the later years of the second decade.

The residue which remains after excluding such cases as I have mentioned is a small one, but I have not the slightest doubt that there is a residue and that Moral Imbecility is a real condition. It is characterized, not by decay, disorder or delayed development of the controlling functions of mind, but by the absence of any potentiality for such development. Just as there are some individuals who are fundamentally incapable of acquiring religious or aesthetic feeling, or who are lacking in the capacity for abstract reasoning, or of receiving proper benefit from ordinary school instruction, or even of understanding the simple relationships of their surroundings by reason of an innate want, so are there others who are devoid of the potentiality for acquiring wisdom and moral feeling. These are the Moral Imbeciles, and the condition is strictly analogous to that present in ordinary defectives, the only difference being that the defect is incident upon another department of mind.

In the majority of instances this defect is manifest from the early years of life, and, when accompanied by pronounced vicious and criminal propensities, it shows itself in a marked selfishness and intractability, an utter disregard of the rights and feelings of other people, a complete lack of affection and shame, an intolerance of all discipline and authority, and persistent and incorrigible wrongdoing. Even as children such individuals are the despair and terror of all who have to do with them,

and advancing years only serve to increase and further develop their powers for harm. The real inwardness of the defect is shown by the fact that such cases occur in spite of the most careful upbringing, in spite of precept, example, punishment and every kind of reforming influence, and in spite of the fact that their misdeeds repeatedly recoil upon their own heads.

If these characteristics are borne in mind, and if the possibility of misconduct due to disorder or delayed development of mind be excluded, there should seldom be any real difficulty in diagnosis. I do not think that any help will be afforded by either serial intelligence tests or tests of ethical perception. The real test is the persistent senseless and shameless behaviour of the individual despite every reforming influence which can be brought to bear upon him.

THE DEFINITION AND DIAGNOSIS OF MORAL IMBECILITY (II)¹

BY CYRIL BURT.

An Analysis of Actual Cases. It would seem at first sight that the simplest way to reach a clear conception of the moral imbecile is to take a series of actual cases, already diagnosed as such, to study them, to compare them, and to ascertain what special characteristics they exhibit in common. Accordingly, I have attempted some such scrutiny among cases of my own. During the past fifteen years I have examined, either in London or elsewhere, about sixteen hundred delinquents and about twelve hundred mental defectives. These have been for the most part children and young persons, usually between 5 and 18 years of age. I find, on searching through my records, that I have made a diagnosis of moral imbecility in not one single instance².

Among the entire number there are 116 cases where a diagnosis of moral imbecility has been made by some other examiner, as a rule, a qualified physician. It is noteworthy that this proportion is itself remarkably low—barely 4 per cent. of the total; and, since the total is itself a selected group, consisting not of a complete or random sample, but almost entirely of problem cases, the proportion of alleged moral imbeciles among delinquents or defectives as a whole would appear to be all but negligible—less than one in a thousand defectives. Our special interest, however, is to discover what is the precise condition that has prompted such a diagnosis in these particular instances. I have classified the conditions found; and have set out the figures and percentages in Table I.

¹ A Paper contributed to the Symposium presented at the Joint Meeting of the Education and Medical Sections of the British Psychological Society, March 8th, 1926.

² This accords with the experience of Healy and his colleagues, working among juvenile delinquents in America. "When we began our work," he writes, "there was no point on which we expected more positive data than on moral imbecility. We have been constantly on the look-out for a moral imbecile....We have not found one." (*The Individual Delinquent*, 1915, p. 783.) I may add that Healy's whole section on the 'moral imbecile' affords the best recent survey of the problem, written as it is by a criminologist whose theoretical views are as sound as his practical experience is unique. Of the earlier literature of the subject the best general summary is that contained in G. Anton's paper *Ueber krankhafte moralische Abartung im Kindesalter* (Marhold, Halle-am-Saale, 1910).

Table I. *Classification of Cases of Alleged Moral Imbecility.*

	Final diagnosis	Number ¹	Percentage
A. INTELLECTUAL CONDITION (INNATE):			
1. Feeble-minded ² :			
(a) unstable	21	}	25.8
(b) stable	7		
(c) apathetic	2		
2. Dull ³ :			
(a) unstable	8	}	13.8
(b) temperamentally defective	[7]		
(c) stable	1		
(d) apathetic	2		
B. INTELLECTUAL CONDITION (ACQUIRED):			
3. Backward ⁴ :			
(a) unstable	4	}	13.8
(b) temperamentally defective	[3]		
(c) apathetic	1		
C. TEMPERAMENTAL CONDITION (INNATE):			
4. Unstable ⁵ :			
(a) congenital ⁶	[13]	}	[11.2]
(b) adolescent	8		
5. Temperamentally defective ⁷ :			
(a) combined with dull intelligence	7	}	9.5
(b) combined with nearly average intelligence	4		
6. Unemotional or apathetic ⁸ :			
(a) feeble-minded	[2]	}	[4.3]
(b) dull	[2]		
(c) of average intelligence, but backward ...	[1]		
D. TEMPERAMENTAL CONDITIONS (ACQUIRED):			
7. Psycho-neurotic:			
(a) compulsion or obsessional neuroses ...	6	}	12.9
(b) hysteria	2		
(c) conflict or repression ⁹	7		

¹ Figures in square brackets have not been added in the total at the foot nor in the unbracketed percentages at the side. It will be seen that they relate to cases counted elsewhere under some more appropriate heading.

² *I.e.* in the case of children, a mental ratio below 70 per cent.; in the case of adults (persons over 16) a mental age below 8 years.

³ *I.e.* in the case of children, a mental ratio between 70 and 85 per cent.; in the case of adults, a mental age between 9 and 12.

⁴ *I.e.* in the case of children, an educational ratio below 85 per cent.; in the case of persons of 14 or over, an educational age below 12. Individuals whose backwardness is simply the consequence of a dull or feeble-minded intelligence are not included under this heading.

⁵ For definition, see below, p. 29.

⁶ Under the heading of 'Congenital instability' I have included only those cases where the inborn instability was a main factor, but not so extreme as to amount to 'temperamental deficiency.' These milder cases of congenital instability have already been enumerated under 2 (a) and 3 (a); and are, therefore, not counted again in computing the total. Many of the neurotic, psychotic, and psycho-neurotic must also have been congenitally unstable, but have not been included here, since the main factor was the acquired morbid condition, specified in the headings that follow.

⁷ For definition, see below, pp. 28 and 45.

⁸ For definition, see below, p. 31.

⁹ I class these cases under the general heading 'Psycho-neurotic,' not because the

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Table I (continued).

8. Organic neuroses:								
(a)	epilepsy	...	...	...	...	1	}	4.3
(b)	chorea	...	...	...	...	1		
(c)	post-encephalitic	...	...	...	...	3		
9. Psychotic or psychopathic ¹⁰ :								
(a)	dementia præcox	...	...	...	...	2	}	5.2
(b)	juvenile paralysis	...	...	...	...	1		
(c)	recurrent mania	...	...	...	...	1		
(d)	no definable psychosis	...	...	...	...	2		
E. MORAL CONDITION (ACQUIRED):								
10. Habitual delinquents ¹¹ :								
(a)	repeated theft	...	...	...	...	4	}	21.6
(b)	repeated sex offences	...	...	...	...	7		
(c)	repeated violence, cruelty, or bad temper	...	...	...	...	5		
(d)	combined offences ¹²	...	...	...	...	9		
TOTAL	...	...	...	...	...	116		100.0

individuals themselves were suffering from a definite psycho-neurosis, but because the mechanisms giving rise to their delinquencies were analogous to the mechanisms underlying psycho-neuroses.

¹⁰ I use the term 'psycho-pathic' in its original sense, i.e. to describe mental conditions, showing pathological as well as abnormal symptoms, and bordering on psychoses, without falling under the head of one of the recognized psychoses themselves.

¹¹ The cases here enumerated are those of *mere* habitual delinquency alone, i.e. delinquency due to the sheer frequency and success of the repeated acts, and apparently arising from no ulterior condition except inadequate supervision or injudicious management. Other habitual delinquents, in whom one or other of the conditions named in the preceding headings was the main or dominating factor, have not been separately specified in the table, since almost all the remaining individuals were habitually delinquent in this broader sense.

¹² These include cases where grave offences of at least two different types (*e.g.* theft and sex offences) occurred in the same person. In each of the three preceding sub-headings, the graver offences were limited to the one specified, though as a rule minor offences such as untruthfulness, disobedience, and truancy or wandering were sometimes conjoined.

The largest number—about 26 per cent. of the total—are simply feeble-minded persons of the ordinary type (the intellectually defective), who happen also to have drifted into vicious or criminal ways. Almost as numerous are those who, with no marked defect of intelligence nor any serious instability, are merely habitual and incorrigible delinquents. A considerable proportion are unstable, the instability being sometimes the mere transitory outcome of adolescence, but more often a congenital characteristic, combined, as a rule, with intellectual dullness, deficiency or backwardness. Among the congenitally unstable, about 10 per cent. of the total are so extreme as to warrant the name of temperamental defectives—a term which I shall attempt to define more exactly in a later portion of this paper. In 13 per cent. the persistent and irrational misconduct is simply the result of mental conflict or repression, sometimes

issuing in a definite psycho-neurosis, and often characterized by obsessions or compulsions, such as are occasionally dubbed kleptomania, pyromania, dromomania, and the like. Finally, a small number prove to be instances of organic neurosis or psychosis, traceable to some well-recognized nervous or mental disease, supervening after birth, or even after adolescence.

Among those cases which, upon other grounds, were subject to be dealt with under one or other of the relevant Acts, all the feeble-minded without exception, and all the temperamentally defective save three (so far, at least, as I have learnt their subsequent history), were eventually certified, either under Section 1 (c) of the Mental Deficiency Act as feeble-minded, or else as mentally defective children under the corresponding section of the Elementary Education (Defective and Epileptic Children) Act. The rest of the cases, I maintain, ought not to come (and, so far as I know, have never yet come) within the purview of these Acts at all: indeed, 34 of them—nearly half—have since been reported as ‘cured.’ Thus, out of approximately three thousand cases, and those not routine cases but cases of special problematic difficulty, only three could have been advantageously certified as moral imbeciles: and even those three, as I personally should contend, could have been satisfactorily dealt with in some other way¹.

It is obvious, therefore, at the outset that those persons who are liable to get diagnosed as moral imbeciles constitute an exceedingly heterogeneous collection. They are composed for the most part of sufferers from other well-recognized conditions, whose fundamental disorder is apt to be passed by, usually because attention has become focused on their troublesome and intractable conduct. It was on grounds such as these that, in an earlier symposium on a kindred subject, I ventured to declare that ‘moral imbecility’ is a psychological misnomer; and put forward a plea for a better classification, a different nomenclature and revised definitions².

I. THEORETICAL CONCEPTIONS OF THE MORAL IMBECILE.

Whether he holds that the class of moral imbeciles exists or not, it will, I believe, be admitted by each contributor to this discussion that the legal definition of the moral imbecile is highly unsatisfactory and

¹ Preferably by recognizing their temperamental deficiency to be itself a form of feeble-mindedness, see below, p. 42.

² Symposium on “Delinquency and Mental Defect,” this *Journal*, III (1923), p. 176.

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fraught with ambiguities. To arrive, therefore, at a clearer understanding of what was intended by the Act, it seems necessary first of all to give a brief glance at the history of the term, and to enquire what were the views of those who introduced it, and by what contemporary doctrines they were influenced in their proposals.

A. *Earlier Psychological Hypotheses.*

Origin of the Term. Until recent times, the psychology adopted in legal and medical writings had always been excessively intellectualistic. For long, practically one group only of mental abnormalities was recognized, namely, those marked by disturbances of reason. Early in the nineteenth century, however, a move was made to separate from these more conspicuous forms a second group, those in which the patient's reason was relatively unaffected and his morality alone was impaired. For the condition so distinguished the name 'moral insanity' was proposed¹.

With the further progress of medical psychology, a second distinction was presently applied. Lack of mind was to be discriminated from loss of mind, *amentia* from *dementia*; and, while *dementia* or insanity was attributed to the ravages of disease in after years, idiocy and imbecility were attributed to a permanent defect, hereditary or at least inborn. Those who had already drawn a sharp line between intellectual disorders, on the one hand, and moral disorders, on the other, were thus led, by this further cross-division, to separate the morally deficient from the morally insane, and both from all other kinds of mental defect or derangement.

Moral defectives thus came to be designated as those persons who suffer from some mental abnormality which is (1) innate rather than acquired, and (2) marked by disturbances of morality rather than of intellect. What then is the particular mental function in which they are defective? Three distinguishable conceptions seem to have been borrowed in turn: that of a 'moral sense' from the philosophers, that

¹ The term 'moral insanity' was first formally suggested by J. C. Prichard, in his *Treatise on Insanity* (1835, p. 12). The earliest accurate description of such a case he attributes to Pinel (*Traité Médico-Philosophe sur l'Aliénation Mentale*, 1809, p. 156). It is to be noted that the word 'moral' was adopted by Prichard in rather a wide sense, to include mere emotional disorders, as well as those marked by vicious and criminal conduct. The phrase 'moral imbecility' seems first to have been used by Prichard incidentally to translate the 'Moralische Blödsinn' of earlier German writers; but the distinction between the moral imbecile and the morally insane appears to have been first clearly stated by Laycock ("Lectures on the Physiognomical Diagnosis of Disease," *Medical Times*, 1, 1862).

of mental or moral 'inhibition' from the physiologists, and that of a 'social instinct' with its accompanying 'moral feelings' from the biologist. Each of these hypotheses must be briefly examined.

(1) *Alleged Innate Deficiency of the 'Moral Sense.'* In expounding their notion of the moral imbecile the earlier medical writers of the nineteenth century expressed themselves in terms of the mental philosophy of their day. Its language was based on the traditional doctrine of mental faculties—a doctrine already as much discredited among philosophers and scientists as it had become prevalent in practical and popular writings. Reason or intellect was treated as one faculty, and the moral sense as another.

The hypothesis of a specific moral faculty or sense is a tenet of a definite school of ethical thinkers who flourished in the seventeenth and eighteenth centuries—the intuitionists. Historically, the views of the intuitionists were a reaction from the materialistic doctrines of Hobbes: in opposition to the claim that our moral judgment is simply based on a calculation of pleasures or pains, or upon indirect deductions from rational principles, they desired to show that it was an immediate and a unique intuition, and so to uphold its objective validity. It was their argument that, just as colours are perceived by the sense of sight, and sounds by the sense of hearing, so there are yet other senses which enable us to perceive what is beautiful or what is good, namely, the aesthetic sense and the moral. The moral sense was thus depicted as a kind of inherited conscience¹.

The doctrine has always been a favourite one, because of its sheer simplicity. But, as with most popular dogmas, its over-simplification is the very ground of its error. Sense-perception, even at its purest, proves always on close examination to be an highly complex process. We see a red-hot cinder; and seem to be in immediate cognitive contact with the object, taking our awareness of its colour, shape, size and distance, for an elementary act of consciousness. So it appeared to these eighteenth-century philosophers. The factors of habit, of memory, of association and dissociation, at work through the years of infancy, and enabling us at last to perceive such an object for what it really is, are

¹ The classical formulation of this position is to be found in Shaftesbury's *Characteristics of Men and Manners* (1711), Part I, Sect. iv (5th ed. vol. I, pp. 124–5). Cf. also Hutcheson's *Essays on the Nature and Conduct of the Passions, with Illustrations on the Moral Sense* (1742), sect. i (3rd ed. pp. 5–6). The doctrine was further developed by later philosophers such as Butler and Reid; and successfully combated by writers of the associationist and utilitarian schools from Hume to Spencer, Mill, and Bain (see, e.g. Bain, *Emotions and the Will*, 1854, 4th ed. pp. 268 *et seq.*).

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nearly all of them unconscious; and by the naïve thinker are entirely overlooked. If this illusion can arise in the lowliest forms of so-called sensation, much more must the same fallacy lie hid in our higher moral perceptions. Morality, or the judgment of morality, can rest upon no simple innate intuition: it is an elaborate, intricate acquirement learnt afresh by each individual through slow and painful efforts. "Conscience," says a recent writer, summing up the modern view, "is nothing but the name given to a complicated aggregate of certain apperceptive systems¹."

Indeed, in most men, moral acts are rarely preceded by definite ethical judgments or perceptions explicitly formulated as such. Their attitude is simply that of the bomb-thrower's dupe in *The Dynamiter*: "Right and wrong are to me but figments and the shadow of a word; but, for all that, there are certain things that I cannot stand, and there are certain others that I cannot do²." Even these dim feelings and vague attitudes, these deep-rooted tendencies to act so and not otherwise, simple and immediate as they may seem to their possessor, are equally the resultant of memories, sentiments and habits, of associated ways of thinking, feeling and acting, which are not themselves inherited or innate, but are built up afresh, by experience and training, during each individual's lifetime. The foundations of a man's moral character rest, it is true, on certain inborn dispositions; but his moral character as such never was inborn³.

For the rest, it is plain that the notion of a moral sense springs from a plausible but totally fallacious metaphor. There is no sense-organ or sensory nerve by means of which we apprehend ethical qualities or relations: nor is there any centre or area within the brain set apart specifically to subserve moral ideas or judgments. Ethical perceptions, ethical judgments, ethical acts—these are all complicated feats of the whole developed mind, processes whose slow evolution we can follow, step by step, in the race, in the nation and in the child. No reputable psychologist would now venture to support so primitive and figurative a view. Rather he would be tempted to declare that, if the moral imbecile is to be defined as a person born without a moral sense, then we must all be moral imbeciles, for none of us is ever born with it.

Nevertheless, the metaphor of the 'moral sense' has been constantly

¹ Taylor, *The Problem of Conduct* (1901), p. 149.

² R. L. Stevenson, *The Dynamiter*, p. 138.

³ A refutation of the 'moral sense' school will be found in almost any students' text-book: e.g. for the philosophical arguments, see Mackenzie, *Manual of Ethics*, book II, chap. iii, sect. 8, and, for the psychological arguments, McDougall, *Social Psychology*, pp. 213-227, and especially p. 229.

revived in the expositions of medical writers. At times they seem almost to have believed in some quasi-phrenological 'organ' for morality, localized in the upper convolutions of the frontal lobe; and they are tempted to infer that "in some cases the normal development of the moral sense may be arrested by congenital cerebral 'lesion'¹." In this country the conception of moral imbecility is due largely to the teachings of Maudsley: he declares that "just as there are persons who cannot distinguish certain colours, and others who, having no ear for music, cannot distinguish one tune from another, so there are some who are congenitally deprived of the moral sense²." Among contemporary writers, Barr and Maloney speak in terms of the same analogy, observing that "there are certain children who, though clever in a superficial way, are morally blind, just as other children are physically blind³." Similarly, Dr Tredgold has adapted Hutcheson's doctrine of 'four chief senses' characterizing civilized man (in addition to the five which he shares with lower animals)—namely, the intellectual, the religious, the aesthetic and the moral; the moral sense Dr Tredgold regards as "phylogenetically the latest to have been evolved"; and the morally deficient he describes as those who are "fundamentally lacking in this moral sense⁴."

Of the various contributors to this symposium, I observe that both Dr Hamblin Smith and Dr Rees Thomas specifically reject this conception of a person congenitally defective in the so-called moral sense; and Dr Tredgold appears now to have revised his view. Dr Hamblin Smith rightly emphasizes that "those who contend for the existence of a moral sense seem logically compelled to assert the existence of some absolute system of morality"; and points out that morality is always relative, differing in different countries and in different social classes, and that in the individual the moral sentiment itself is always "the result of a slow process of growth⁵." Similarly Dr Rees Thomas declares that, for himself, he is "at a loss to discover any means of localizing the moral sense," and "cannot therefore subscribe to the view that the moral imbecile has no moral sense, since this phrase merely refers to the resultant of numerous forces⁶."

¹ Guthrie, *Functional Nervous Disorders in Children* (1909), p. 102. Perhaps the most recent advocate of such a 'centre' in the brain, with special 'cortical cells' whose atrophy may explain moral imbecility, is Stern ("Moral Insanity," *Journ. Mental Science*, LIX, 1913, p. 484).

² Maudsley, *Responsibility in Mental Disease* (1872), see especially pp. 31-65.

³ M. W. Barr and E. F. Maloney, *Types of Mental Defectives* (1921), chap. vi, "Moral Imbeciles," p. 74.

⁴ *Mental Deficiency* (2nd ed. 1914), pp. 314, 316, 326.

⁵ See below, p. 49.

⁶ P. 59.

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(2) *Alleged Innate Deficiency of Moral Inhibition.* Among continental writers emphasis has been placed, not so much upon the apparent absence of a moral sense, as upon the apparent absence of moral control. Writers of the schools of Kraepelin¹ and Lombroso² make use of a supposed analogy with epilepsy. In the epileptic, a lesion of the higher centres is presumed (at any rate in certain forms) to release the check upon the lower centres, and so to result in abnormal and convulsive activity. It is argued that the voluntary control of instinctive impulses forms the highest and most delicate function of all; and the real defect of the born criminal or moral defective is declared to consist in some congenital impairment of this power of inhibition³. As a consequence, he suffers, not perhaps from physical convulsions of the limbs, but from spasms of violence, of wandering or of theft.

Once more, several writers have postulated a single centre in the brain, with inhibition as its special function—a centre localized (as usual) in the unknown territory of the frontal lobes⁴. Decay or injury

¹ Cf. *Einführung in die Psychiatrische Klinik* (1910, xxix).

² Cf. Ferrero, *Lombroso's Criminal Man* (1911), chap. ii, "The Born Criminal and his Relation to Moral Insanity and Epilepsy." For Lombroso the parallel is something more than an analogy: epilepsy is the genus of which moral insanity is a species, and both may be congenital.

³ A more plausible analogy is that drawn from the state of the intoxicated man. Alcohol is sometimes said to "paralyse the inhibitory centres"; and the drunkard behaves like a moral imbecile. A similar weakness of inhibition, it is concluded, may at times be constitutional. What alcohol actually does, however, is to depress the mechanisms of the central nervous system in the inverse order of their evolution, beginning first with those that are acquired, and leaving the inherited instincts and emotions for the time being unaffected. Thus, what are really 'paralysed' are not specific centres for inhibition, but all the higher organizations of the mind; directly or indirectly, these, of course, exert a controlling influence over the lower innate impulses, yet they are not themselves innate or centralized, but are built up by association during experience. Indeed, the effects of alcohol seem to prove the exact opposite of the conclusion usually drawn; since, if there were indeed any innate inhibitory centre, we should expect it to be 'paralysed' after, and not before, such acquired nervous mechanisms as those for language.

It is true that certain chemical agents, like strychnine or tetanus toxin, seem to change nervous inhibition into nervous excitation, perhaps by their specific action on the synapses whose threshold they appear to lower. But the consequences of thus abolishing inhibition in the physiological sense are almost exclusively motor: mental disorder in strychnine poisoning or tetanus is usually but slight; nor, if my description of mental inhibition be correct, should there be any reason to expect that such toxins would lessen moral control as distinct from physiological control. (See Sherrington, *The Integrative Actions of the Nervous System*, 1906, esp. pp. 292-9.)

⁴ The earliest attempt to demonstrate a specific centre for inhibition was made by Setschenow, who located it in the optic thalamus (see *id.*, *Ueber den Hemmungmechanismus f. d. Reflexthätigkeit*, 1863; and, for later references and criticisms, see James, "The Reflex

in this centre converts a law-abiding citizen into a 'pathological criminal'; a lack of development in this centre, due to heredity or to atavistic reversion, produces the 'congenital delinquent.'

In this country the clearest statement of such a view is that of Clouston. Clouston distinguishes a separate group of mental disorders, which he names 'inhibitory insanity'; and among this class he places 'moral insanity,' which according to him may be either acquired or inborn. For an analogy he turns not to epilepsy but to chorea. He argues to the following effect: "The doctrine of nervous inhibition and of inhibitory centres has done much to definitize our notions in regard to the mental working of the brain. There is, of course, no proof of mental inhibitory centres; but there is mental inhibition and a function always implies an organ of some sort." He claims that "the physiological word 'inhibition' can be used synonymously with the psychological and ethical expressions 'self-control' or 'will'"; and he concludes that there are "cases, not indeed very numerous, where the loss of the power of inhibition is the chief and by far the most marked symptom: this form [he adds] I shall call 'inhibitory insanity'¹."

It is a view that is still met with in medical writings²; but I believe

Inhibitory Centre Theory," *Brain*, iv, 1881, pp. 287-302). But the most eminent psychologist to lend his prestige to such a theory was Wundt; Wundt postulated an 'organ of apperception,' with inhibition as its main function, and attention and volition as its secondary effects; and localized it in the frontal cortex (*Physiologische Psychologie*, 6th ed. 1908, i, p. 378). This hypothesis has been explicitly rejected by almost every psychologist since.

¹ Clouston, *Mental Diseases*, 1887, Lecture ix, "States of Defective Inhibition" (see esp. pp. 317-319). Dr Tredgold seems to be leaning towards the same hypothesis when he speaks of a "delayed development of the inhibitory functions" and "the absence of any potentiality for such development," occurring as "individual peculiarities," and when he goes on to compare the delayed evolution of "the higher controlling functions" with delayed evolution in specifically localized functions such as speech and motor control (see above, p. 7).

² Davenport, for example, has studied the influence of heredity among a group of persons whom he calls "the feebly inhibited." He suggests that their defect is "possibly a paralysis of the inhibitory mechanism." He recognizes, however, various sub-groups, such as those who display violent temper, those who are nomadic, and (more doubtfully) those who are over-sexed. This sub-division plainly suggests that what are really inherited are simply strong instinctive tendencies; and, further, that the chief uninhibited tendency may take one form in one patient and a different form in another. Surely, it is not easy to conceive a single inhibitory mechanism which, when 'paralysed,' still remains able to control most other impulses, but fails to regulate just one particular instinct—pugnacity in this family, wandering in a second, and sexual propensities in a third. Accordingly, even where several instincts seem 'feebly inhibited,' I should still attribute the misconduct to the strength of the instincts rather than to the paralysis of the inhibitory mechanism:

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no living physiologist or psychologist would accept it. Inhibition is now regarded, not as a positive function of some one particular centre, but a secondary and negative effect of any and all nervous activity. This is the teaching of almost every students' text-book. "It is now conceded that inhibition is a *general* peculiarity of the interference of nervous and mental activities, which tend to modify each other by augmenting or repressing each other¹." "Any one function can on occasion inhibit others. . . . No one centre of inhibition can, therefore, be expected to be discovered²."

The crude expression of an instinctive impulse may be inhibited in half a dozen different ways. It may be inhibited simply as a result of attention being directed to some other object. It may be inhibited by the superior potency of some other instinctive impulse or emotion, like disgust or fear. It may be inhibited by the effect of repeated pain, operating, not indirectly through memory and fear, but through the universal tendency of pain or unpleasure to stamp out immediately whatever activity it may accompany (the so-called 'principle of algedonic selection'). Or, again, it may be inhibited by being sublimated, or incorporated into some relatively complex sentiment. Or, finally, it may be inhibited because it has been (in the technical sense) dissociated or 'repressed.' All these are the negative and incidental consequences of various other activities, not the direct operations of some single centralized function conceived as the nucleus of 'self-control' or 'will.' Energy, it would seem, is simply drained away from one set of nervous channels into another. If this be so, the only general condition which can increase or diminish such inhibitory effects is the multiplication of association-paths through habit, memory and learning; and the innate basis that limits their multiplication is not a moral factor at all, but simply general intelligence. Given average or equal amounts of intelligence, then the reason why impulsive activity is augmented in one person and reduced in another must depend, not on differences in some negative and specialized function like inhibition, but on the explosive

in fact, the case then corresponds to what I have described below as the unstable type. With the dubious exception of a few extreme instances, none of the persons described by Davenport could be considered moral imbeciles, nor, in any technical sense, mentally defective. (See Davenport, C. B., "The Feebly Inhibited: Violent Temper and its Inheritance," *Journ. Nerv. and Ment. Dis.* Sept. 1915; *id.* "The Feebly Inhibited: Nomadism or the Wandering Impulse with Special Reference to Heredity," *Carnegie Institute Publication*, No. 536. See also footnote 2, below, p. 28.)

¹ Baldwin, *Dictionary of Psychology and Philosophy* (1909), vol. I, p. 541.

² Ladd and Woodworth, *Elements of Physiological Psychology* (1911), p. 274.

nature of his nervous tissue generally, that is to say, on the positive strength of his immediate impulses and, above all, of his inherited instincts.

(3) *Alleged Innate Deficiency in the Social Instinct.* Later writers of the nineteenth century, influenced by current views upon man's animal descent, sought the origin of moral conduct in some specific instinct. According to them, neither moral inhibition nor any moral sense is inherited as such: both are secondary products of a more primitive innate tendency. This tendency they discovered in what they termed the social instinct. Moral conduct, it was said, is nothing but social conduct. Hence the moral impulse must at bottom be simply a social impulse; and the moral feelings are really offshoots of 'mutual sympathy,' an elementary feeling supposed to be correlated with the operation of this instinctive sociability.

The first, I believe, to use the name 'social instinct,' and to treat it as the source of human morality, was Charles Darwin¹. The conception has since been taken up and enlarged by several English writers², particularly by popular writers on psycho-analysis. "Conscience," says one writer, "and the feelings of guilt and duty, are the peculiar possessions of the gregarious animal³": hence the so-called moral sense. "The

¹ *Descent of Man* (1871). Darwin lays down "the following proposition as in a high degree probable: namely, that any animal whatever endowed with well-marked social instincts, parental and filial affections being here included, would inevitably acquire a moral sense or conscience, as soon as its intellect had become as well developed as in man" (pp. 149-150). See the whole of his chapter on "The Moral Sense." Note that, unlike many of his followers, Darwin emphasizes the importance of intellectual capacities, and of a plurality of instincts, as contributing to moral development.

² The Darwinian conception has been transmitted through Galton (*Inquiries into Human Faculty*, 1883, p. 72) and Karl Pearson (*Grammar of Science*, 1892, p. 368) to Trotter and Tansley, to whose writings the recent popularity of this instinct seems mainly due. Galton kept the conception well within the bounds of a true instinct; and in this respect has been followed by psychological writers like James (*Principles*, 1901, II, p. 430) and McDougall (*Social Psychology*, 1908, p. 84). Pearson infused certain wider social implications (*op. cit.* pp. 368 *et seq.*), and has been explicitly followed by sociological writers like Trotter (*cf. op. cit.* footnote 1, p. 23).

³ W. Trotter, *Instincts of the Herd in Peace and War*, 1916, p. 40. *Cf. id.* "Herd Instinct and its Bearing on the Psychology of Civilized Man," *Sociological Review*, 1908. So Tansley declares: "The 'moral sense' is the sensitiveness of the individual to the call of the herd" (*The New Psychology*, 1920, p. 197). The way in which these authors stretch the elastic notion of a simple animal instinct is curiously illustrated by a comparison which Tansley takes from Trotter: "The dog has a *sense of sin*, and recognizes that punishment is his *due*, and that his master, whom he puts in the place of his herd leader, is *right* to inflict punishment. The cat has no such moral sense, because it is not a gregarious animal." (Tansley, *op. cit.* p. 198, author's italics.)

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impulses due to the primary instincts," says another, "are constantly balked and controlled...by the beliefs and codes enforced by the operation of the herd instinct¹": hence the power of moral inhibition. "The herd instinct," says a third, "is historically younger than the other great universal instincts": and is, therefore, we are led to suppose, more liable to innate variation and deficiency².

A modified form of this view appears to be adopted by Dr Rees Thomas. Dr Thomas emphasizes the importance of the social instinct, which he identifies with Kropotkin's "instinct of mutual aid and sympathy"; and he infers "that 'the moral sense' is nothing but the ability to maintain a more or less proper relation between the social and egotistical tendencies." Dr Thomas, however, is careful to point out that, in the individual, the moral outcome of the herd instinct will depend very much upon the morality of the herd among which the individual happens to be cast: in a child brought up amidst vicious or criminal surroundings the operation of the social instinct can produce nothing but propensities to vice and crime. Further, we must, I think, acknowledge that here once more there is a great risk of over-simplification. What McDougall remarks of Mr Trotter's readable and brilliant little book might be applied to most of the authors I have quoted: their arguments tend to be "pervaded by the error of attributing to the 'herd instinct' every form of social relation and influence, in a quite indiscriminating manner³." The herd instinct simply draws men together in society. It does not prompt them to proper social behaviour. It only gives them an opportunity for acquiring such behaviour⁴. Indeed, during the earliest years of life there are practically no signs of a gregarious instinct at all. This point, I observe, is rightly stressed by Dr Thomas: "It is only in adult life that we find the full development of the herd instinct⁵." The group or society among whom the child lives at first is simply his own family—which is hardly to be called a herd. And the child responds to the emotions of those around him, not from some single social instinct, but in virtue of what has been called 'the sympa-

¹ B. Hart, *Psychology of Insanity* (1912), p. 168.

² Tansley, *op. cit.* (1920), p. 201: see the whole of his chapter on "The Herd Instinct."

³ *Outline of Psychology* (1923), p. 154.

⁴ This, I think, is the doctrine of the best psychological authorities. "The gregarious instinct does not by any manner of means account for all of man's social conduct. It brings men together and so gives a chance for social doings, but these doings are learned, not provided ready-made by the instinct." (Woodworth, *Psychology: A Study of Mental Life*, 1922, p. 146.)

⁵ Below, p. 59.

thetic induction of emotions' or 'primitive sympathy': this is not itself a simple emotion, but rather a specialized mode through which any emotion may be aroused¹. A second instinct, the instinct of submission, disposes him to comply humbly with the lead that is given by others; and is perhaps the source of most forms of imitation, suggestibility and obedience. Other instincts, like fear and affection, are equally contributive; and, during early years, are far more active than the gregarious tendencies. Not until a sentiment of self-consciousness has been developed does the youth strive deliberately to live in harmony with the beliefs and codes of the world around him; and, though the gregarious instinct doubtless enters into this sentiment and facilitates its development, it is not by any means its sole and self-sufficient basis². Solitary individuals, in whom the herd instinct is so weak as to seem almost non-existent, may yet lead the most impeccable lives. They may be a-social, but they are not anti-social. It becomes impossible, therefore, to define the moral imbecile simply as a person deficient in social sympathy or in the social instinct.

Moral Sentiments not Inherited. We have now reviewed the more popular theories, invoked to explain the conception of the moral imbecile; and it seems that none of the mental functions adduced by nineteenth-century writers can be retained as the pivot of our definition. What conditions, then, are left?

First, it is to be remembered that whatever mental capacity is to be the subject of innate deficiency must itself be innate. This axiom would at once exclude what Dr Tredgold has called the 'moral sentiment'; for moral sentiments are not inborn³.

¹ Cf. Darwin, *op. cit.* p. 162; Spencer, *Principles of Psychology*, II, p. 563; McDougall, *Social Psychology*, p. 92. The confusion has doubtless arisen because in popular speech the word 'sympathy' is sometimes used for that particular emotion which the psychologist names 'tenderness.'

² See again McDougall, *Outline of Psychology*, pp. 432-3.

³ Spencer, it is true, has popularized the notion that moral sentiments, being acquired and re-acquired generation after generation, have at length come to be part of the inherited equipment of modern civilized man (see *e.g.* *Principles of Ethics*, 1879, I, pp. 471 *et seq.*): if so, there might be individual differences in the degree to which such a heredity was effective, and moral imbeciles might be genuine specimens of an atavistic reversion. Such a view, however, involves the Lamarckian hypothesis of the transmission of acquired characteristics, a doctrine which few biologists or psychologists would nowadays accept, at any rate in a form that would affect moral qualities. It is the orthodox view of anthropologists that the innate constitution of the human race has remained practically unchanged since first it emerged from barbarism. It is difficult, therefore, to believe that 'moral sentiments' had by that time been already evolved as part of man's 'phylogenetic equipment.'

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The importance of sentiments such as those Dr Tredgold has described, I readily recognize. I should prefer, however, to speak of them in the plural rather than in the singular. Few persons develop a single sentiment for morality as such. Most of the respectable, law-abiding classes doubtless develop sentiments for particular moral principles; they have their favourite catchwords and their cherished maxims of conduct. But the strongest moral sentiments—that is to say, the strongest of the sentiments which have a moralizing effect on conduct—are sentiments not for abstract principles but for concrete persons, including the most powerful sentiment of all, the sentiment for oneself¹.

Dr Tredgold's account of the nature and development of these sentiments I willingly accept². They consist, as he says, of emotions or

¹ For moral development the supreme importance of the 'self-regarding sentiment' or (as others would call it) the 'ego-ideal' is well brought out by McDougall (*Social Psychology*, 1908, pp. 174 *et seq.*). I would also draw attention to the suggestive way in which the earliest beginnings of this sentiment have been analysed by Freud (*Das Ich und Das Es*, 1923, esp. pp. 42 *et seq.*). Freud, in accordance with the doctrine of the Oedipus complex, shows how the child's moral conception of himself grows up largely as a result of the child's identifying himself with his parent: but Freud, it may be noted, is far from denying the existence of inherited tendencies with which such developing sentiments may fit. The ultimate issue is that "the parent, once an external monitor, has through introjection become an internal monitor;...and the child begins to grow a conscience." (Glover, *ap. Social Aspects of Psychoanalysis*, 1924; see pp. 61 *et seq.* for a clear summary of Freud's German pamphlet.) This psycho-analytical description has the merit of emphasizing two vital points, often overlooked: first, that from the earliest days unconscious factors enter largely into all our moral attitudes; secondly, that the apparent absence of these common sentiments and feelings, particularly when their absence appears most complete, is very frequently due, not to any inherent lack of them, but rather to the fact that they have become dissociated or repressed; thus, paradoxically enough, the repeated commission of callous crimes may be the consequence, not of a deficiency of all moral sense, but of a moral sense that is hypersensitive. (Cf. Glover, *loc. cit.* p. 66; I should add that, for these references to recent Freudian literature, I am indebted to my friend Mr J. C. Flügel.)

² I fancy he puts the stage of 'intellectual control' at a somewhat earlier age than the psychologist would do: his account (above, pp. 3-4) may be compared with the four somewhat similar stages distinguished by McDougall (*Social Psychology*, p. 181). Further, I should place the emotions or rather sentiments for particular moral principles prior to the development of the moral sentiment as such: the latter seems to appear as a synthetic generalization of the former rather than as "the germ out of which they subsequently develop." I entirely agree that for practical conduct moral feelings are infinitely more important than moral judgments, such as alone are tested by most ethical tests: 'Video meliora proboque, deteriora sequor' might be the maxim of many a delinquent who can answer almost every question on the test-sheet. Yet the use of the phrase 'moral feelings' must not lead us to imagine that they form a separate class of innate emotions, which certain persons may be born without: moral feelings are simply feelings or emotions of the ordinary kinds associated with or aroused by moral ideas.

feelings (such as fear, shame, disgust, affection, satisfaction, or dissatisfaction) associated with the idea either of some moral person or else of some moral principle. They imply something more than the mere intellectual comprehension of ethical terms, or the mere intellectual discrimination of what is right and what is wrong. Their force and power are derived, not from pure cognition, but from the emotional and conative elements which they include. The growth of such sentiments is gradual. They arise, as Dr Tredgold shows, as the result of injunction, punishment, and reproof, of approval and of disapproval, and from that progressive understanding of the traditional code of conduct, which develops through social intercourse at home, at school, and in the world at large. Admittedly, therefore, such sentiments are things that are acquired, and not inborn. Hence, I feel it not a little puzzling to find Dr Tredgold, after giving so clear a history of the acquisition of the moral sentiment, talking suddenly of "an innate defect" of the moral sentiment or sense¹. If the moral sense is something acquired by experience, how can its defects be innate?

Dr Tredgold, it is true, speaks of an 'innate potentiality' for such acquirements. Of course, in this broad sense, nothing can be acquired without an innate potentiality for it, pre-existing. In the same way we might speak of typewriting as an innate capacity, because every typist must have been born with the potentiality for learning the necessary movements; or of dressing as innate, because every man or woman, who learns to put on clothes and to take a lively interest in them, must have had an innate potentiality for such achievements. Yet all this is but to say that whatever has been done must from the outset have been possible: it does not imply any innate potentiality for typewriting as such, or for dressing as such, or for morality as such, apart from that general plasticity of the normal mind which enables it to assimilate all the normal accomplishments of a civilized race.

What are really inborn are simply the elementary capacities that, in different combinations, enter into all our daily social life, not a specific potentiality for the complex resultant as a whole. Thus the emotions of shame and fear must be inborn; the general intelligence which enables us to comprehend abstract ideas like justice or chastity must be inborn; and, further, the possibility of associating the emotions on the one hand with the abstract ideas on the other must also pre-exist; but this possibility for forming associations between ideas (whether moral or otherwise) and feelings (whether appropriate or inappropriate)

¹ P. 5.

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is presumably nothing more specialized than the general capacity for establishing habits, for remembering, and for learning, both from personal experience and from social intercourse.

Hence, to invoke an innate potentiality for moral sentiments *sui generis* is to make an unproved and an unserviceable assumption. Where a person has not developed the usual moral sentiments, how can we tell whether this is due to a defective potentiality, or to defects or impediments in the post-natal experiences that normally should have led to the needful acquisitions? Surely, in almost every case, the most likely inferences are either that the patient did not possess sufficient intelligence to make the necessary judgments or generalizations, or that as a result of faulty training and upbringing the associations between moral ideas and the appropriate emotions have never been formed, or, finally, that, though duly formed and fixed, they cannot compete with the superior strength of the child's crude instinctive impulses. Dr Tredgold hesitates to diagnose moral imbecility until late adolescence; and at that late stage it would be harder than ever to demonstrate that the real reason why the patient's moral sentiments were still undeveloped was simply that the potentiality for them had been defective from birth or from an early age. As Dr Rees Thomas points out, nothing but a prolonged analytic exploration of the patient's mind could ever lead to such a conclusion; and, wherever such explorations have actually been made, the result is nearly always to discover some adequate post-natal cause.

Defects in Morality not Inherited as such. Finally, against all these doctrines, I must urge the fact that there is no empirical evidence whatever for the inheritance of different degrees of morality or immorality. For the inheritance of defective intelligence, there is now ample proof. For the inheritance of defective inhibition, or of defective moral feeling, there is no confirmation whatever. To begin with, the delinquent with a pedigree of several criminal relatives is the exception, not the rule; and, further, when these rare instances are closely scrutinized, and when the influence of home environment has been discounted, there remains no ground at all for the notion that a general lack of moral control or a general tendency to vice and crime can be biologically transmitted. As we shall see in a moment, emotional instability may certainly be inherited, and may predispose the patient to habits of vice or crime. But of itself this predisposition does not amount to the inheritance of moral deficiency as such¹.

¹ I dismiss the question somewhat curtly here, as I have elsewhere discussed the problem at some length (see *The Young Delinquent*, 1925, chap. ii).

B. *Current Psychological Hypotheses.*

Innate and General Qualities. Are there then any well-defined innate mental functions that are relevant to the question at issue? To begin with, let me protest, as a psychologist, against the ready fashion in which medical and philosophical writers are apt to extemporize an *ad hoc* psychology of innate faculties, solely on the basis of private experience, introspective analysis, or the special requirements of their subject. The innate character of particular mental capacities can be safely assumed only when there is some degree of experimental or statistical evidence in its favour¹. On grounds such as this, the sole mental functions that we can warrantably presume to be innate are the following: (1) general intelligence²; (2) certain specific intellectual capacities (such as retentiveness, imagery, and possibly verbal or linguistic abilities); (3) general instability; (4) certain specific instincts and emotions³. For the inheritance of these several capacities, and of

¹ The evidence now accepted usually proceeds by applying the methods of hierarchical correlation and of partial correlation to test-measurements or standardized ratings; the correlation or association between parental and filial traits provides supplementary corroboration, since (if environmental influences can be excluded) family resemblances suggest heredity, and what is sometimes inherited may at other times be congenital.

² The demonstration of a general factor underlying all intellectual capacities is due to Professor Spearman and the numerous workers who have followed in his steps (see *The Nature of Intelligence*, 1923, esp. pp. 4 *et seq.*). Evidence for the existence and the innate character of general intelligence was given in my early paper "Experimental Tests of General Intelligence," *Brit. Journ. Psychol.* III (1910), parts I and II. As a corollary to these results, intelligence has been defined as *innate, general, intellectual capacity*. Dr Hamblin Smith writes that: "we do not know exactly what it is that we measure by intelligence tests; but it is clear that it consists of a number of functions, which functions are, if not separate, only loosely connected" (below, p. 53). With this statement, or at any rate with the latter part of it, I cannot agree. Every psychologist has found, not a loose, but a close connection between such functions—not low correlations but high correlations. Even the most prominent of Professor Spearman's critics in this country—Professor Godfrey Thomson—insists upon this point; and draws the usual inference: "this means that there is a tendency towards general ability" (*Instinct, Intelligence and Character*, 1924, p. 207). Indeed, his criticisms have been directed, not so much against the assumption for practical purposes of a 'general ability,' as against certain alleged weaknesses in Professor Spearman's mathematical technique.

³ Evidence for the existence of these emotional factors was given in a paper read before the British Association, *Annual Report*, Manchester, 1915, "General and Specific Factors underlying the Emotions." The conception of general emotionality, reached by statistical analysis, is not unlike that of the *libido* of Jung or the *élan vital* of Bergson. From a physiological standpoint McDougall has also put forward a very similar view; there is some ground for believing, he writes, that "all the instincts draw upon a common source of energy" ("Manic-Depressive Insanity," this *Journal*, v, 1925, p. 221; compare also *id.* "The Sources and Direction of Psychophysical Energy," *Amer. Journ. Insan.* 1913).

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individual differences in regard to them, there is now a fair—though not perhaps a conclusive—amount of evidence. For the inheritance of moral tendencies as such, there is, as we have seen, no evidence at all.

Temperamental Deficiency. It is to be noted that the mind includes a temperamental aspect as well as an intellectual, emotions as well as intelligence. Hence, defects affecting temperamental capacities may rightly be designated 'mental' defects, quite as much as defects confined to intellectual capacities. Mental *deficiency*, however, as distinct from mental *defects*, is a phrase that is now ordinarily used—and should, I think, only be used—to denote those wider defects that affect the more general functions, namely, general intelligence and general emotionality. We are thus led to recognize two forms of mental deficiency, what I have elsewhere termed 'intellectual deficiency' and 'temperamental deficiency' respectively.

Temperamental defectives I have defined¹ as those who, without being defective also in intelligence, exhibit, permanently, and from birth or from an early age, less emotional control than would be exhibited by average children of half their chronological age; or, in the case of adults, by an average child of the age of seven or less. Just as intellectual deficiency is an extreme form of dullness or backwardness in general intelligence, so temperamental deficiency is an extreme form of what is now commonly termed instability: always the differences are differences of degree alone, and the borderline is a purely arbitrary one, to be determined primarily by social considerations².

¹ "The Standardization of the Definition of Mental Deficiency and its Different Degrees," *Premier Congrès Général de l'Enfant*, Genève, 1925 (Section II, Question 9); cf. this *Journal*, 1923, *loc. cit. sup.* p. 175.

² The conception of "The Unstable Child" I have sought to delineate in concrete detail in a paper with that title (*Child Study*, 1917, pp. 61-78). More recently, Dr Florence Mateer, psycho-clinician with Dr Goddard at the Ohio Bureau of Juvenile Research, has issued a volume on *The Unstable Child* (Appleton, 1924), in which she draws a similar distinction between the two main aspects of the mind as recognized above. She, however, in common with many recent writers, extends the term 'psycho-pathic' to cover these cases. As I have already said, that term should be reserved for borderline cases, showing pathological symptoms, but no definite psychosis (see above, footnote 10, p. 12): this conforms with the usage of the best German and American authorities, and, indeed, with the etymology of the word itself. The unstable simply suffer from an inborn excess due to a natural variation in a natural function: their condition, therefore, is not of necessity a morbid one.

It is interesting to note that Healy, after considerable hesitation, found himself obliged to recognize a class of persons showing 'defective self-control,' which was, nevertheless, not secondary to psychosis or intellectual deficiency: these seem to correspond to my cases of congenital instability. In most instances where delinquents of the age he has

The Over-emotional or Unstable. Emotional stability depends upon two factors: (i) the strength of the instincts to be controlled, and (ii) the strength of the intelligence controlling them. It might be expressed by the following equation:

$$\text{Instability} = \frac{\text{General emotionality}}{\text{General intelligence}}.$$

Thus, a person of average intelligence with excessively strong instincts would be unstable; similarly, a person of defective intelligence with instincts of no more than average strength would probably be unstable, too; for his instincts would still be too strong to be regulated by such feeble intelligence as he commands.

Excessive strength of a single instinct does not constitute temperamental deficiency, any more than extreme defect in a single intellectual capacity (such as is alleged, for example, in the case of the so-called 'word-blind') constitutes mental deficiency in the more usual sense of defective intelligence. The defective behaviour must be the result of an excessive strength in the majority of the patient's instincts—or at least in a number of them. It is the average strength of the instincts generally, not the strength of one or two, that must rise markedly above the normal level, before such a diagnosis can be made.

This then is the conception that I have proposed to substitute for that of moral imbecility. Temperamental conditions are by definition inborn, while moral conditions are not. Hence, if 'deficiency' be taken

studied reveal this symptom, it is, as he states, hard to exclude adolescent instability; but he believes that "deficiency in self-control must be sometimes reckoned with as a definite entity and a specialized mental defect" (*The Individual Delinquent*, p. 354). Dr Bronner, who accepts this classification, quotes Davenport's suggestion that what such persons are suffering from is "possibly a paralysis of the inhibitory mechanism." She adds, however, that "there are no doubt inborn differences in the intensity of the emotions as well as the capacity for resisting them" (*Psychology of Special Abilities and Disabilities*, 1919, chap. viii, p. 167). Similarly Healy observes that "it may well be that some of those whom we call defective in self-control have far more to contend with, far more to control, in their own natures, than others who have no greater powers of self-discipline." Except for one or two extreme instances, none of the cases described under this head by these two authors would seem to be certifiable as mentally or morally defective within the meaning of the English statute.

In addition to the foregoing group, Healy also recognizes the class traditionally known as 'constitutional inferiors.' The distinction seems to be that the latter, in addition to the "lack of balance between emotion, will, and intelligence," stand near the borderline between normality and psychosis: and often exhibit minor physical and neurological abnormalities as well. They thus approximate to the psycho-pathic group of the German writers. Healy, however, emphasizes the fact that the diagnostic lines between the several classes are exceedingly hard to draw.

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as a technical term to signify inborn defects of the more general functions of the mind, the temperamentally deficient exist, and the morally deficient do not¹.

Among the unstable generally, and perhaps among the temperamentally deficient, two types may be discerned. In some, owing to the presence of specific or 'group' factors, what may be termed the 'sthenic' or aggressive instincts may be inherited with greater strength than the 'asthenic' or inhibitive²: anger, sex, acquisitiveness, self-assertiveness, may be vigorously developed, while fear, tenderness, submissiveness, disgust, may be relatively weak and feeble. Among other persons, the reverse may be the case. We might name these two unstable types (i) the aggressive and (ii) the inhibited respectively, the former becoming

¹ To some perhaps it may appear a little paradoxical to speak of those who suffer from an *excess* of emotionality as temperamentally *deficient*. Dr Shrubbsall, for example, observes that "it seems strange that, when the trouble arises from the excess of an emotion, the sufferer should be described as having a defect of temperament, unless Prof. Burt will admit that all such have a defect of intelligence, control being a function of intelligence, in which case a separate class is not needed" (below, p. 75). I can say at once that I do not admit the latter alternative. Control is certainly to a large extent a function of intelligence; but intelligence may be *inadequate* without being *defective*; it might even be above average, and still remain *relatively* inadequate, as compared with the excessive strength of the patient's instincts or emotions. Hence, the temperamentally defective do not "all...have a *defect* of intelligence," though they seem usually to be dull and backward.

The seeming contradiction, however, is easily solved if we remember that throughout this discussion the noun 'deficiency' must strictly apply not to temperament or to emotion but to the mind or personality as a whole, and is practically a synonym for congenital abnormality in general. My definition of temperamental deficiency is quite in keeping with ordinary parlance. For example, when we speak of a 'serious deficiency,' we do not mean a deficiency in seriousness, but a deficiency in some more general state (implied by the context), which defect happens also to be serious. Similarly, an acromegalic giant might be termed 'physically defective' quite as appropriately as an ateleiotic dwarf. Certainly, the physique of the giant is not undeveloped but over-developed; but physical deficiency does not mean deficiency of physique, but a defective condition of the personality or its development, characterized by physical symptoms. So, therefore, when I introduce the term temperamental deficiency, I am thinking, not (to use Dr Shrubbsall's phrases) of a 'defect of temperament,' nor yet a 'defect of intelligence,' but a defect of mind—a special form of mental deficiency which is essentially characterized by temperamental symptoms. To avoid a similar criticism, it is necessary to speak of the 'intellectually defective' not of the 'intellectual defective,' which, of course, would be a grammatical contradiction of terms.

² See again "General and Special Factors underlying the Emotions" (*loc. cit. sup.*); also "Mental Differences between Individuals" (*Brit. Ass. Annual Report, Liverpool, 1923, Presidential Address, Section J, p. 22*). On the intellectual side a rough parallel, similarly attributable to specific or 'group' factors, appears in the distinction between 'linguistic' (or 'verbal') and 'non-linguistic' ability (see Frances Gaw, "A Study of Performance Tests," *Brit. Journ. Psychol.* xv, 1925, p. 392).

as a rule delinquent, the latter as a rule neurotic. Perhaps because the aggressive instincts are the harder to control, perhaps because they are more closely correlated with the general factor, the most characteristic cases of extreme instability are generally of the aggressive type. In actual practice it is rare to find a person of the inhibited type so markedly unstable as to fall into the category of the temperamentally deficient.

This distinction between the aggressive and the inhibitive groups of instincts is doubtless the basis of the seemingly inherent lack of inhibitive control, so often put forward as the mark of the moral imbecile; it indicates the real origin of what are described as vicious and criminal propensities, and why punishment in so many instances can neither intimidate nor deter.

The Unemotional or Apathetic. Among the persons that I have known to be diagnosed with some justification as moral imbeciles, there are still one or two temperamental cases which, at any rate at first sight, do not seem to fall naturally under the conception I have just sketched. These are persons who, on the temperamental side, appear to suffer not so much from an excess as from a deficiency of emotionality, and who appear, therefore, apathetic and callous rather than unstable or excitable. They are rare, and they are exceptional: yet their occurrence is of distinct theoretical interest; and a brief mention of them here is needful to render the account complete.

They may be divided into two sub-groups: first, those whose instincts are as weak as their emotions, and, secondly, those whose emotions are weaker than their instincts.

Owing to the general correlation between all mental activities, those whose instincts and emotions are alike innately and abnormally weak are nearly always dull or defective in intelligence as well. Since, however, the correlation is never perfect, it is conceivable—and, indeed, highly probable—that a wide survey might discover a few rare persons whose intelligence was normal, or even supernormal, but whose instincts and emotions were constitutionally feeble. It is likely, too, that given an unintelligent home environment to begin with, a heartless intellectual of this sort might, in a cold and calculating fashion, set his wits to work to seek gain or pleasure by a career of organized dishonesty and crime. The very impotence of his feelings might tend to make him crave the added stimulus of a sense of power; the weakness of his inhibiting emotions—fear, disgust, submissiveness, and the like—would leave his cunning unimpeded in anything he planned or carried out; and, since he himself is capable of but

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the faintest kind of feeling, no effective emotions would be aroused in him from sympathy, and he would fail wholly to appreciate the intensity of the feelings of others—whether of relative or stranger, beast or human being. Punishment would leave him unaffected, or only make him more artful and ingenious: and his history from the earliest years would be the history of a crafty and cold-blooded selfishness. Such characters are familiar to us from the pages of popular fiction: Moriarty or Fantomas might stand as types. No doubt, they also exist in actual life. Those who perpetrate gigantic frauds, or have instigated ruthless persecution and murder, are often placed in some such class as this. Their actions, it might be argued, are the outcome, not of strong instincts and violent impulses, but of a deliberate policy of shrewd and insensitive egoism, restrained by no natural feelings and by no acquired sentiments or affections. Yet, since their high intelligence is usually sufficient to keep them within the bounds of the law, or at any rate to enable them to evade conviction, it is difficult to catch them red-handed in any definite crime or offence. Few in numbers they may be; yet the range and the skill of their transactions produce far more misery than delinquencies of the mere impulsive criminal. And, accordingly, it would no doubt be in the interests of public safety to certify them as moral imbeciles.

I for one can see no theoretical objection to regarding such persons as mentally defective: abnormalities at either end of the scale—an extreme excess of emotionality or an extreme lack of it—seem equally to constitute possible forms of temperamental deficiency. But, unless the term ‘propensity’ includes acquired habits, it could hardly be said that they are suffering from ‘*strong propensities*¹.’ Further, in any actual instances of which I am able to think, the proof of innate defect would seem so dubious that I doubt whether a diagnosis of deficiency could ever fairly be made. How far is the man’s apparent lack of emotion due to repression? How far is his selfish career due to injudicious management by parents or teachers less sharp-witted than himself?

The existence of the second sub-group seems to depend upon a slight theoretical complication which should be introduced into the simple exposition I have given above. So far, I have assumed with McDougall that each emotion is closely correlated with a specific instinct: that the pugnacious are, at any rate in their original constitution, also bad-tempered, that the secretive are also timid, and that the central factor of general emotionality affects instincts as well as their associated

¹ I gather that Dr Tredgold would agree with me in excluding persons of this type from the class of moral imbeciles as legally defined, and that upon the same ground.

feelings. Dr Drever and Mr Shand, however, have both put forward arguments for believing that this paired correlation is far from being so perfect as McDougall's account would imply. I am, therefore, prepared to believe that there may be exceptional persons whose instincts or propensities are strong and whose feelings and emotions are feeble. Further, as these two writers have pointed out, the emotion accompanying the activity of a natural instinct is intensified most strongly when that instinct is balked or thwarted. Now, in persons whose inhibiting instincts are weak, there will be far less baulking or thwarting than in the normal person. Hence, in such cases, largely as a result of habit, the aggressive instincts would become stronger and stronger, while the accompanying emotions would seem almost to atrophy. We should, therefore, find such persons committing brutal assaults, committing sexual crimes, carrying out the most daring enterprises with a careless calm—all without any display of feeling, whether of love, anger, fear or shame. Here, therefore, we might seem to have a second group of so-called moral imbeciles whose criminal and vicious propensities arise largely from a defect rather than from an excess of emotionality. But, once more, the cases appear to be so rare, and the diagnosis so uncertain, that I should hesitate to suggest that a given individual could be safely certified upon such grounds. That this dissociation between instinct and emotion is occasionally found, cannot, I think, be doubted; but in the few actual instances I have met with, I have always discovered that repression has been at work; I have always found it difficult to assign what part has been played by unfavourable environment and training; and I have always considered it probable that the condition was not wholly congenital or permanent, but likely to yield to proper psycho-therapeutic treatment.

II. THE PRACTICAL DIAGNOSIS OF THE MORAL IMBECILE AS DEFINED BY STATUTE.

I have now stated and examined, as briefly as I could, the various psychological theories, held by earlier or contemporary writers, and likely to throw light upon the notion of moral imbecility. It is to be noted, however, that the Mental Deficiency Act does not define the moral imbecile in terms of any preconceived psychological hypothesis. It seeks simply to enumerate those points that are supposed to be susceptible of legal proof.

It formulates its definition *per genus et differentiam*. It is characteristic of the *genus* that the persons contemplated should "from an early

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age display some permanent mental defect." As a *species*, moral defectives are further differentiated from all other defectives in that their defect must be "coupled with strong vicious or criminal propensities, on which punishment has had little or no deterrent effect." Unfortunately, each component phrase in the definition as thus laid down admits of a variety of constructions; and has in fact been differently interpreted by different writers. Almost every term, therefore, calls for discussion in some detail.

In this discussion, our preliminary review of the doctrines current when the Act was passed may help us to appreciate its primary intention. Our present concern, however, is no longer to criticize the theories of those who framed it; but rather to ascertain what particular kind of persons the law has rendered certifiable, and to re-describe those persons in the light of later knowledge and in terms of a more modern and a more acceptable psychology.

1. *Mental defect.* So accustomed have we become to using the words 'mentally defective' in the narrow legal sense, that we are apt to assume that the authors of the Act employed the term 'mental defect' to denote the specific quality attaching to the mental defective as such. It is evident, however, that they used it in a sense far broader, to mean almost any form of mental disability, whether transitory or permanent, innate or acquired; and then proceeded to limit that meaning by explicit adjectives or attributes. Thus, the mental defectiveness of the *ordinary* imbecile was further defined as being of such a kind, or of so pronounced a degree, as to "prevent him from managing himself or his affairs, or in the case of a child, of being taught to do so": and this added specification appears designed to restrict ordinary imbecility to that form in which intelligence is primarily affected. In distinction from this commoner form, the mental defectiveness of the *moral* imbecile was specially particularized, so as to confine it to the form in which not intelligence but morality was primarily impaired. At first sight, therefore, the generic defect, shared by both classes, might seem to be a common quality, the same in each, but manifesting itself more predominantly in one or other of two alternative directions. In point of fact, however, the advocates of a special clause for moral imbeciles seem to have wavered between two notions, first, that of a person who is mentally defective in the usual sense—namely, in intelligence—but has in addition certain criminal or vicious propensities, and, secondly, that of a person whose mental defect was of some special sort that would of itself constitute, or at any rate issue in, criminal or vicious propensities.

The definition originally put forward by the Royal College of Physicians contained no mention of mental defect: plainly they considered that propensities to vice and crime, spontaneously appearing 'in spite of careful upbringing,' and undeterred by subsequent punishment, were themselves sufficient to warrant certification. The Royal Commission dropped the reference to 'careful upbringing,' and instead insisted explicitly on the presence of early mental defect¹. The Act itself, as we shall see, went further; and demanded proof that the defect should be permanent.

2. *From an early age.* The phrase 'an early age' is unusually vague. It is inserted, I take it, in order to necessitate presumptive evidence that the defect is inborn. Indeed, in the definitions of the other forms of mental deficiency the defect is described as existing '*from birth, or from an early age*'². In all the parallel clauses of the Act this requirement appears; and its introduction is evidently an acknowledgment of the distinction upon which the medical writers of the century had been insisting—the distinction, that is, between congenital deficiency and acquired insanity³.

The fact that the defect was actually inborn could scarcely be proved to legal satisfaction. It is, indeed, and it must be, not so much a fact as an inference. It has been laid down by a Justice of the High Court that first-hand evidence for the early appearance of such defects, and first-hand evidence alone, is indispensable in fairness to the patient; a mere opinion that the defect has probably been inherited or has probably existed from birth, could not suffice. In all instances of moral deficiency, as in many instances of other deficiency, first-hand proof dating from the moment of birth itself could hardly be expected: hence, in such instances, evidence of defect 'from an early age' is to be accepted as an equivalent. What is the latest age that can legally be regarded as 'early,' the High Court has not yet determined. Generally, it appears to signify the earliest period at which the child comes under competent

¹ See *Report of Royal Commission on the Care and Control of the Feeble-minded*, VIII, 1908, p. 188; also *ibid.* note to Recommendation iv, sect. 6.

² In the definition of the moral imbecile, which was supplied by Sir James Crichton-Brown and on which the Commissioners state that they have framed their own, the words 'from birth' were expressly inserted (*Report of Royal Commission, loc. cit. sup.* VIII, p. 373).

³ The distinction was not new to jurisprudence: early legal writers distinguished clearly enough between what was termed *dementia naturalis* and what was termed *dementia accidentalis* or *adventitia*, that is to say, natural incapacity (for which the more usual Latin term is now not *dementia* but *amentia*) and acquired incapacity, namely, lunacy of whatever kind. See Hale (1609–76), *History of the Pleas of the Crown*, chap. iv, sect. 30.

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or official notice, that is, not later than the age of six or seven. Wherever an earlier history was available, the period of adolescence would surely not be acceptable¹.

In practice, this specification of *early* defect instead of *congenital* defect has one important consequence: acquired deficiency, provided it result from cerebral disease during the first few years of life (from meningitis or encephalitis during infancy, for example), becomes also acceptable in the eyes of the law. This, I believe, was not the primary intention of those who framed it². The statement of Dr Mercier, who claims to have drawn up the definition, seems decisive on this point. He writes that "the mental defect must have existed from as early an age as it is possible to recognize it. It must in short be congenital³."

Since the Mental Deficiency Act was passed, the technique of psychological testing has been enormously improved. In competent hands, and within certain limits, tests of intelligence enable us to distinguish with great reliability between inborn deficiency of general intellectual capacity and accidental backwardness in educational attainments or limited defects in specific abilities. In all but a small proportion of their cases, most experienced psychologists would now be prepared to state whether an apparent deficiency was congenital or acquired, merely on the basis of their test-results, supplemented, of course, by the usual clinical examination. Wherever possible, no doubt, the more cautious would insist on verifying such a deduction by the early history of the patient, wherever it could be obtained. In the case of children and

¹ I am surprised to find that Dr Rees Thomas (p. 55) would "include the period of puberty and early adolescence," and thinks that "on this point there is general agreement." Certainly in London the tendency of magistrates is, in the case of children, to expect evidence from the pre-school period (or at latest the first year or so of school life), and, in the case of adults, to expect evidence from the school period at latest.

² As a temporary expedient it may be at times advisable to avail oneself of this loophole. In particular, until special provision is made for early encephalitic cases, many of the more troublesome may helpfully be dealt with under the Mental Deficiency Act. (For some instructive case-histories of patients so received at Darenth Training Colony, see *Annual Report of Metropolitan Asylums Board*, 1923, pp. 202-213.)

³ "Moral Imbecility," *Practitioner*, xcix (1917), iv, p. 304. This statement tallies entirely with the general conclusion expressed by the Royal Commission. After a detailed discussion, their Report declares that mental deficiency of whatever form is "in the main attributable to a primary defect of the brain, i.e. not due to external causes; that it is truly transmissible; and that its subjects are only within certain limits improvable" (*loc. cit.* p. 186). But it would also seem that the Commissioners did not wish entirely to rule out the possibility of arrested development of the brain due to external causes operating during the first year or two of infant life. Most of their medical witnesses allude to this possibility (e.g. Crichton Browne, *loc. cit.* viii, p. 373, and Mercier himself, *loc. cit.* i, p. 363).

young persons, such information is now nearly always accessible; but it may be noted that its evidential value is far less trustworthy than that of a direct examination, and that it is usually less reliable when given by parents than when given by teachers (*i.e.* when it relates to the 'early age' of pre-school life), and least reliable of all when it relates to moral or temperamental defects as distinguished from deficiency of intelligence. In the case of adults such information may sometimes be altogether wanting; and it has been alleged that many older criminals, whose previous history is unknown, fail to get certified, because the early origin of their evident deficiency cannot be directly demonstrated to the satisfaction of the law¹.

Provided, therefore, that it was understood that mental deficiency was a technical term implying a permanent and congenital condition, I can see no reason why the requirement of a separate proof for the early manifestation of the defect should not be dropped altogether from the legal definition. Nor, indeed, as I shall point out later, do I see any reason why, as a temporary measure of practical expediency, cases which, strictly speaking, ought to be classed as cases of early *dementia* rather than of congenital *amentia* should not at times be certified under the Mental Deficiency Act, when, owing to the acknowledged gaps in the statutory enactments, they cannot otherwise be justly dealt with. Such an extension, however, of what seems to have been the original purpose of the Act should not be made too freely; otherwise it will defeat its own end. The systematic revision of the law that is so urgently required will cease to be felt as a practical necessity: and may be even opposed by public opinion, on the ground that powers already too elastic have been placed in the hands of certifying officers.

3. *Permanent*. This adjective is not applied to any other form of mental deficiency as defined in the Act². Presumably in the days when the original Act was passed, it was thought by some that many forms of genuine mental defect might prove curable; and accordingly proof of permanent defectiveness was not required. This possibility, however, is one which no physician or psychologist would nowadays entertain. At all events, in the case of the moral imbecile, impermanent or curable defects are expressly excluded.

¹ Compare Norwood East, "Delinquency and Mental Defect," this *Journal*, pp. 154 *et seq.*

² In the Mental Deficiency Act the feeble-minded child is described as "*permanently* incapable of receiving proper benefit in...schools" though the underlying 'defectiveness' is not itself explicitly described as permanent. But in the Defective and Epileptic Children (Education) Act the word does not appear at all. Nor does it appear in the definition of the moral imbecile as suggested by the Royal Commission (*loc. cit.* VIII, p. 188).

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This bears out my interpretation of the phrase 'from an early age': the insertion of the word 'permanent' seems meant to compensate for the necessary omission of the words 'from birth': and either qualification seems to be used as indicating something congenital. What is inborn is obviously permanent; and—in strict theory at any rate, as I should contend—what is permanent must necessarily be inborn. Few, I think, would venture to maintain that defects due to post-natal illness are, in every case and in their essential nature, permanent and beyond all hope of cure.

Between them, then, these two adjectival phrases rule out the numerous forms of mental disorder, supervening after birth, that are so commonly confused with moral imbecility, and sometimes diagnosed as such: namely, adolescent instability, all psychoses or psycho-neuroses however early they may appear, and fixed habits of misconduct, due to faulty environment, bad training or a long and successful series of undetected offences.

4. *Coupled with.* This phrase seems to have been chosen to avoid any definite theory about the connection between the "permanent mental defect" on the one hand and the "criminal or vicious propensities" on the other hand. The wording is curiously vague and non-committal. As it stands, it involves one important implication: both the defect and the propensities must be separately proved. The presence of incurable criminal or vicious propensities cannot of itself constitute sufficient evidence for inferring an early and permanent mental defect¹. That this was the intention of those who were responsible for the final drafting of the Act there can be no doubt whatever. The insertions, which, as noted above, were afterwards made in the definition accepted from the Royal College of Physicians, place this interpretation beyond dispute.

It is characteristic of the many perplexities to which the clause has given rise, that more than one writer has complained that, by this final wording, the 'morally defective' as such have been definitely excluded. Steen, for example, taking 'mental defect' with the narrow meaning of defect of intelligence, claims that moral imbeciles as defined by statute can comprise none who are not also feeble-minded in that narrow sense: he would have the definition revised, and the words 'such as' or 'instanced by' substituted for 'coupled with'². Similarly, Dr Sullivan declares that "the moral imbecile is not simply an a-moral person; he is an a-moral person who presents also some degree of intellectual

¹ Here I am in entire agreement with Dr Hamblin Smith (see below, p. 51).

² *Journal of Mental Science*, LIX, 1913, p. 485.

deficiency¹." Dr Sullivan seems to own that, pushed to its logical conclusion, this interpretation would render the clause superfluous: "It is," as he says, "difficult to see what purpose is served by making such a differentiation in a legal enactment²."

In point of fact, nearly all the case-studies of moral imbeciles, described in the literature, evince also a defect of intelligence, such as alone would seem to be sufficient for certification. On the other hand, the physicians who drew up the legal definition seem definitely to have had in mind patients whose intelligence might be normal or even supernormal, and whose defects were defects of morality alone³. What is the explanation of this seeming discrepancy? Recent statistics make the matter clear. Almost everywhere in mental life the correlations found are positive; that is to say, good qualities of whatever sort tend to be associated, and similarly subnormal characteristics tend to go together. Thus the distinction between intellect and temperament does not imply that the two are entirely uncorrelated; but simply that the correlations, though present and positive, are not nearly so high as the correlations discoverable within either group alone.

Hence, temperamental weaknesses and intellectual weaknesses are only relatively independent; in actual practice both kinds are found nearly always in conjunction, but the one is usually more marked than the other. It is not, therefore, utterly impossible for a person of high intelligence to be a temperamental defective; but such a combination must be extremely rare. Even if the temperamentally defective are not actually defective in intelligence as well, they are yet, more often than not, definitely dull or at least below average ability. This has an important practical bearing. If (as I have contended) 'feeble-mindedness' has a temperamental as well as an intellectual form, then both aspects can be legitimately taken into account in making the final diagnosis; accordingly, an unstable child just above the borderline for temperamental deficiency could not be regarded as technically defective provided his intelligence was equal to the average; but if in addition his intelligence was also near the borderline for intellectual deficiency, then, considering both conditions together, I should be inclined to diagnose the child as mentally deficient.

¹ *Crime and Insanity* (1924), p. 200; see, however, p. 193.

² *Op. cit.* p. 202.

³ So, too, has Dr Tredgold (see above, p. 5). His distinction between 'cleverness' and 'wisdom' seems to me a valuable one, but does not, so far as I can see, rest on any innate differentiation which can be used to define *moral* deficiency. I agree with Dr Shrubsall that 'wisdom' (in Dr Tredgold's sense) is predominantly an acquired characteristic.

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5. *Criminal or vicious propensities.* As I have elsewhere tried to show¹, most criminal or vicious actions in the young are simply the outcome of certain innate instincts of the kind that I have enumerated above. These instincts or propensities I should hesitate to call criminal or vicious as such, though certainly in their cruder manifestations they are often anti-social, and lead almost directly to vice and crime. The sex instinct, indiscriminately indulged, becomes a vicious propensity; but the same instinct may be lawfully indulged in marriage, and then is no longer looked upon as vicious. Similarly, the acquisitive and pugnacious instincts may prompt acts of theft or violence; but the same instincts may be exercised legitimately, as in earning and saving an honest fortune, or in displaying wholesome indignation at the wrongdoing of others. Thus, most criminal and vicious propensities, though developed out of an inherited groundwork of strong aggressive instincts, are, in point of fact, not themselves instinctive, but rather of the nature of primitive habits. Incidentally, it may be noted, the use of the plural in this part of the definition implies that the presence of more than a single criminal or vicious propensity is required: a sex propensity alone, or a propensity to violence alone, however serious or persistent, is not a sufficient ground for the diagnosis of moral imbecility.

6. *Upon which punishment has had little or no deterrent effect.* These concluding words are in some ways the most unfortunate addition of all. The inefficacy of punishment appears to have been put forward as a further criterion for proving the innate and incurable character of the criminal and vicious propensities. That, however, implies a very primitive and superficial psychology. In a few cases, such a fact would certainly afford presumptive evidence that the aggressive instincts were stronger than the inhibitive instinct of fear, or than the prudent anticipations that would normally be suggested by an average modicum of general intelligence. But, apart from the exceptional cases of fearlessness, and the commoner cases of stunted intelligence, the inefficacy of punishment springs usually from a very different cause. As has been pointed out by most analysts of young delinquents, the safest inference from the inefficacy of punishment is the presence of some psycho-neurotic compulsion. The delinquent who persists in criminal and vicious conduct, when such conduct brings him neither pleasure nor profit, but only pain and discomfort, proves nearly always to be the victim of some irrational complex; and this in turn, though it may resist all ordinary methods, often yields with ease to psycho-analytic treatment².

¹ *The Young Delinquent* (University of London Press, 1925), pp. 422 *et seq.*

² Dr Hamblin Smith thinks that the kind of punishment with which the Act alone is

Conclusion. That there are persons who correspond precisely to the definition as I have now re-interpreted it, I personally am fully convinced. I believe them to be rare; and I believe them to be mis-named: but I have no doubt that they exist. I should re-describe them in terms of my own phraseology as follows. They are cases of extreme and aggressive instability. They suffer from an innate excess of the general factor of emotional instability, associated with an excessive strength of the specific group-factor underlying the more aggressive instincts and emotions. At the same time, the relative weakness of their inhibiting instincts—fear, affection, submissiveness, and the like—tends to render punishment doubly ineffective; and seems to be the sole innate basis for the common inference that there must be an innate deficiency in the so-called moral feelings or emotions¹.

Practical Diagnosis. How is such a condition to be diagnosed? Only by taking the several instincts and emotions, one by one, and gauging their approximate strength. Tests help but little here. The judgment must be based partly upon a standardized form of interview, but chiefly on the account of the person's behaviour supplied by parents, teachers, or other competent observers. The innate character of the defects must be inferred from their early appearance in the child's life-history, from their re-appearance in other members of the child's family (particularly those with whom he has not been in close contact), and from the fact that there are no environmental influences or acquired disorders of body or mind which will suffice to account for them².

Need for Revised Definitions. I have now, to the best of my ability, explained in terms of contemporary psychology what I take to be the

concerned must be legal punishment (see below, p. 47). This would at once make the definition almost inapplicable to children, and (as he himself points out) to those whose conduct is not criminal, but only vicious. The memorandum submitted to the Royal Commission by the Royal College of Physicians and from which (with modifications) the definition has been drawn, makes it, I think, quite clear that the punishment referred to is simply such as, in those stricter times, was held to constitute an essential feature of a 'careful upbringing' (*Report*, vol. I, pp. 360 *et seq.*). Here, therefore, I am in agreement with Dr Tredgold, Dr Rees Thomas and Dr Shrubbsall (see above, p. 6, and below, pp. 55 and 81).

¹ Dr Tredgold (see above, p. 2) implies that all the human instincts are 'essentially self-seeking.' Most psychologists would, I think, on the contrary argue that affection or tenderness, at any rate, and often perhaps submissiveness, together with those other vague instinctive tendencies sometimes grouped under 'primitive sympathy,' and the social or 'herd instinct,' are in their essential nature not self-seeking, but altruistic.

² To have, either on paper, or at the back of one's mind, a scale of case-studies of normal children, indicating how the average child behaves at each successive year of life, is of enormous help. Into the difficult problem of temperamental assessments, however, this is not the place to enter. I have endeavoured to describe the most useful technique in a couple of chapters in my book on *The Young Delinquent* (see esp. pp. 399 *et seq.*).

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meaning of the definition, as conceived by those who framed it. The upshot of my argument is briefly this. If the two words are to be taken in their strict psychological sense, there is no such thing as 'moral deficiency.' Certain temperamental defectives, indeed, answer fairly well to statutory definition; and, though personally I should like to see both the name of 'moral imbecile' and the statutory definition abolished, I nevertheless consider that a few rare cases are to be found which correspond to what the authors of it had in mind.

I believe, however, that, save for occasional accidents of administrative procedure, nearly all such cases can be dealt with quite as well under one or other of the remaining definitions, usually under the clause defining the feeble-minded. Of those who are now diagnosed as moral imbeciles, the majority, if they are defective at all, are mentally defective in the ordinary sense¹; that is, they can be certified as feeble-minded on the ground of defect in general intelligence. The others, the temperamental defectives, could in my view be certified equally well under the same clause as under a special clause for moral imbeciles, or indeed even better. The Act in no way limits feeble-mindedness to defects of intelligence: on the contrary, it explicitly states that the defectiveness may be such that the feeble-minded person requires supervision, not only for his own protection, but also "for the protection of others." This surely is wide enough to embrace all who could be brought under the definition of the moral imbecile; and it seems wholly unwise to wait until the excessive instincts have definitely led to crime or vice, and to insist on applying a punishment which could be inferred beforehand to be inefficacious, before such cases can be certified².

¹ See the percentages given in Table I above. I note that Dr Rees Thomas finds that as many as 50 per cent. of his cases are feeble-minded (p. 62); and among the remainder, it would seem, the only permanent mental defect was a psychosis or a psychoneurosis (p. 63).

² My suggestion thus agrees with that of Dr Hamblin Smith, who states that "all the alleged cases of this condition" which have come under his notice—except for those which were really cases of psychosis, conflict, or repression—"could have been brought under the definition of feeble-mindedness" (p. 54).

The view I have put forward in the text seems also to be shared, in theory at any rate, by Dr Tredgold. He writes that "as a matter of fact [the moral imbecile as defined by him] conforms to the statutory definition both of 'imbeciles' and of 'feeble-minded persons'; and, in theory, is capable of being certified under these definitions" (see above, p. 6). Even Dr Mercier seems to have held the same opinion: he pressed, however, so he tells us, for a special clause, because magistrates and certifying officers would have been prone to think only of 'intellectual' defect, unless explicit sanction were given by statute (*Practitioner, loc. cit.*). This may have been true when the conception of milder forms of mental deficiency than sheer imbecility or idiocy was new: nowadays the medical man and the police court officer are too ready, not too reluctant, to suggest such a diagnosis on the ground of moral defect.

It is clear, however, that all the definitions in the Act need urgently to be revised. Yet I am inclined to think that further legislation should be postponed until the financial conditions make it possible to provide for every form of mental disorder upon a more generous and systematic scale. Better provision is needed, not only for those who are mentally defective by inborn constitution, but also for those whose minds have suffered sudden disturbance, or partial arrest, or slow decay, from disease overtaking them early or later on in life. Such further provision was, it may be remembered, contemplated by the Royal Commission. And the fact that (as Dr Thomas's paper appears to show) the clauses of the Mental Deficiency Act may at times be lawfully extended to cover necessitous cases that are not defective in the narrow sense, is really due to the circumstance that many of the supplementary recommendations of the Commission were dropped before the Bill was eventually passed. It is plain, therefore, that the Lunacy Acts and the Mental Deficiency Act need to be re-considered together.

Personally, I am doubtful how far an Act of Parliament is the proper place for classifying and defining in detail the various forms of mental disorder. Rather, such definition and classification seem to be matters of administration, matters which might be governed by detailed regulations, issued by some central Board or Department upon whom the necessary powers were conferred, and capable of being revised from time to time with greater ease and frequency than a clause upon the Statute Book. Meanwhile, it must not be forgotten that the definitions of the Mental Deficiency Act are framed for practical rather than for theoretical purposes. They must turn primarily on social rather than on psychological considerations. Hence, provided the officers of the Board of Control do not challenge such action, and provided no interpretation laid down by a higher court is contravened, it is not for the psychologist to criticize a certain elasticity in making use of the statutory definitions. Where an encephalitic case can be dealt with most suitably under the Mental Deficiency Act as a moral imbecile, and where the only alternative is the asylum, the workhouse, or some other inadequate measure likely to aggravate rather than to relieve the patient's condition, then it would be sheer pedantry to urge some pre-conceived opinion about what the introducers of the Bill had originally in mind. Naturally enough, both the practical official and the theoretical scientist lean towards a precise and rigid labelling; and perhaps my own exposition has suffered doubly, because I share the prejudices of both. In actual administration some flexibility is essential; but it seems clear that an

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elastic clause should be stretched only in exceptional circumstances, and that it should never be stretched too far.

SUMMARY.

My objections, then, to the clause defining the moral imbecile in the Act of 1913 may be shortly summed up as follows:

1. The term 'moral imbecile' is a psychological misnomer. Both noun and adjective are entirely inappropriate. The persons contemplated are not 'imbeciles' in any intelligible sense of the word: they belong, if anywhere, not to the lower grade of defectives designated by that term, but rather to the higher grade now designated 'feeble-minded.' Further, 'morality' is no longer to be regarded as an innate faculty subject to congenital defects, but as a quality acquired through training and experience. Moral and immoral actions are certainly influenced by innate conditions; but these innate conditions are not themselves moral qualities: they consist of a heterogeneous collection of mental tendencies which cannot be brought under a unitary head, and cannot be the subject of any single form of deficiency, such as might form the label for a fairly homogeneous class of persons.

2. The innate defect which is most commonly responsible for the immoral actions of so-called moral imbeciles is defect of intelligence: most certifiable moral imbeciles are feeble-minded in this narrow sense.

3. The other innate conditions affecting moral conduct are in their essential nature temperamental rather than moral. Thus, in addition to intellectual deficiency, there is a second form of innate defect, which is general enough to be recognized as a species of mental deficiency, and which I have termed temperamental deficiency. This category appears to cover nearly all cases diagnosed as moral imbecility, which could fairly be certified under the Mental Deficiency Act, and yet do not fall into the commoner category of intellectual deficiency.

4. I would, therefore, propose that the conception of temperamental deficiency be substituted for that of moral imbecility. But the distinction between intellectual deficiency and temperamental deficiency is a psychological one rather than a legal one; and calls for no explicit mention either in the statute or in the certificate. Temperamental deficiency is liable to result in moral transgressions, but need not necessarily do so. The temperamental defective will not always evince incorrigible habits of vice and crime. If left at large in an ordinary environment, he will, indeed, almost inevitably contract them as he grows older: but his

condition can generally be diagnosed before this has occurred. Thus, the actual commission of criminal or vicious offences is largely an accident: and a statute concerned merely with mental deficiency does not need to class as a group apart defectives who (whether intellectually defective or temperamentally defective) happen to have developed incorrigible habits.

5. Since the mind includes temperament as well as intelligence, mental deficiency must include temperamental deficiency as well as deficiency of intelligence. Hence, as I contend, cases of temperamental deficiency can also be certified under the clause defining the feeble-minded. The insertion of the phrase "permanent mental defect... from an early age" into the clause defining the moral imbecile really renders that clause superfluous: since, if such defect can be proved, the reference to "criminal and vicious propensities" becomes only a specific way of showing that the defect is so pronounced that the patient needs care, supervision, or control, for the protection of others. In any event, it seems highly undesirable to wait until the vicious and criminal propensities have manifested themselves in serious anti-social acts, and have become so fixed that punishment has no deterrent effect.

6. In actual practice the differential diagnosis of temperamental deficiency turns chiefly on the four following points. (i) The condition is an *emotional* one rather than an intellectual one—a matter of social behaviour rather than of intelligence or educable capacity; this excludes the intellectually defective, although innate dullness should be taken into account as an aggravating factor. (ii) The condition must be *innate* and therefore permanent, not curable or acquired; this rules out (a) adolescent instability, (b) psychoneuroses and psychoses, (c) mere habits of vice or crime, due to adverse environmental influences or to lack of proper supervision and control, and (d) criminal or vicious acts, which, however abnormal, motiveless, or spontaneous they may seem on the surface, are really the outcome of repressed complexes. (iii) The condition must be *general* rather than specific, *i.e.* more than one instinct or emotion must be excessively developed; this excludes instances of a single vicious or criminal propensity, *e.g.* the constitutionally over-sexed or the innately violent-tempered, unless they show other excessive propensities as well. (iv) The excessive emotionality must be so *extreme* that the person needs care, supervision, or control for his own protection or for that of others; this rules out all but a very small percentage of the general population—a percentage nearer one per mille than one per cent.: roughly it would seem to include those whose 'mental ratio' for emotional

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control is less than 50 per cent., *e.g.* a child of ten behaving or misbehaving like a child of five (provided his arrested development is not due to hysterical 'fixation,' *i.e.* to a repressed complex).

7. Whatever name they prefer, and whatever interpretation they give to the statutory definition, all modern authorities seem to be agreed that cases genuinely falling under it are exceptional—far rarer than those who are defective in intelligence, and far less numerous than is commonly supposed. Even as it is, the clause defining moral imbecility has become almost a dead letter; on the rare occasions on which it is employed, it is likely to lead only to ambiguity and confusion, and to an overlooking of the need for a deeper analysis into the factors really at work. With but slight modifications in the administrative procedure, the few cases that at present can be certified with some advantage as 'moral imbeciles' could be dealt with equally well in other ways; and the total abolition of the clause would, therefore, seem to be in every way desirable.

THE DEFINITION AND DIAGNOSIS OF MORAL IMBECILITY (III)¹

BY M. HAMBLIN SMITH.

IN considering moral imbecility, it is first necessary to define what we are meaning by the term. It has, for our present purpose, a technical, a legal sense, although that sense is, as we shall see, ill-defined. So we have not, therefore, to attend to the literal meaning of the words, which would, strictly speaking, denote a person of weak mind (or, according to old usage, of weak body) whose conduct is 'moral.' But it is absolutely necessary for us to consider the origin and the development of the conception of what we call morality. To enter fully into this question would be a long task. But we must have some definite views on the question, for indefinite views are, or so I venture to think, at the root of much of the existing confusion on this point.

Every society requires its members to conform to some standard of conduct. For this purpose, society lays down certain rules, to which it requires its members to conform. These rules may be simple, or may be elaborate, but some rules there must always be. And the essential object of these rules is the protection of what society regards as its stability and welfare. Of what conduces to its stability and welfare society must always be the ultimate judge. Breaches of these rules are called by various names. But the only one of these names with which we are now concerned is the name 'criminal.' Prohibitions of certain acts or omissions are enshrined in what is known as the code of criminal law, breaches of these particular prohibitions are known as 'crimes,' persons who commit such breaches are called 'criminals,' and their conduct, in this respect, is styled 'criminal conduct.' It is true that the legal definition of a moral imbecile speaks of vicious as well as of criminal propensities. But, in this connection, the word vicious is superfluous. For conduct, however vicious, which was not contrary to the criminal law, could not be the subject of punishment, at least not of legal punishment, with which the Mental Deficiency Act is (or so I suppose) alone concerned. It is only criminal conduct upon which punishment could be said "to have had little or no deterrent effect."

¹ A Paper contributed to the Symposium presented at the Joint Meeting of the Education and Medical Sections of the British Psychological Society, March 8th, 1926.

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Conduct may be vicious, may be immoral, without being criminal. Much conduct which is highly immoral, in the strictly conventional use of that term, is not criminal. Conduct which was once regarded as both vicious and criminal, as for instance the playing of games on Sunday, is now no longer criminal, and is hardly regarded as vicious. And, in the other direction, conduct hitherto considered as merely vicious, may be made criminal by legal enactment. For example, incest has long been regarded as most vicious and immoral. But it is not 20 years since incest, *quâ* incest, has been punishable by the criminal law. And, even now, the precise degree of relationship, connection within which is punishable as incest, is defined in a manner which is, more or less, arbitrary.

In addition to the legal prohibitions, society attempts to obtain every possible sanction, religious and other, for its laws. But, in the limit, moral conduct is conduct which meets with the approval of the majority of any particular herd, at any given time. It is not necessary to labour the point that ideas as to what is, and what is not moral conduct have varied at different times, and vary widely in different countries, and even among different classes in the same country. The marriage, by a man, of more than one wife, at one time, is regarded, in England, as grossly immoral conduct. There are other countries in which a very different view is taken on this subject. The view which is taken of the offence of poaching differs widely as between the ordinary town dweller and the game-preserving country squire. Or again, the killing of another man is regarded as immoral. But it is not every such killing which is so regarded. Many civilized communities execute certain criminals, and consider such action as being necessary for the welfare of society. We are not concerned here with the question as to whether capital punishment is, or is not, conducive to the welfare of society, a question upon which different views are held, and upon which I express no opinion. And the killing of enemies in war is regarded as highly laudable, and is amply rewarded.

We may, in short, dismiss the idea that there is any such thing as an absolute system of morality. Of course, if there was such a system matters would be entirely altered. It is certainly true that some have asserted that such an absolute system is enshrined in some form of revelation. But we are not concerned with this view here. It has long been abandoned as a satisfactory basis for a system of criminal law, partly on account of the appalling difficulties which arise as to the interpretation of such revelation. I only mention these matters, because

those who contend for the existence of a 'moral sense' seem compelled, logically, to assert the existence of some absolute system of morality, and yet seem further committed either to the view that their particular ideas as to this system are infallible, or that the so-called absolute system is, actually, variable.

And so we may regard the moral sentiment as being the result of a slow process of growth in any community, and as being subject to alteration. One charge of immoral conduct made against Joan of Arc was based on the fact that she had dressed in male attire, that is in garments which the general opinion of her day considered as the exclusive property of the male sex. Similarly, the moral sentiment is a gradual growth in each individual, and is due to the pressure of society upon the individual. It is not uncommon to hear assertions to the effect that some particular person has been born without a sense of right and wrong. I regard every person as being born without such a sense. An individual, like a society, regards certain things as right, because he desires them, as Spinoza pointed out. He does not desire them because he considers them right. The infant, with his fantasy of supremacy, attempts to obtain all that he desires. Later, he finds that his desires have to be modified in accordance with the demands of his environment. In other words, the Pleasure-principle comes into contact with, and is modified by, the Reality-principle.

The influence of the gregarious, or herd instinct has to be considered. This is regarded by Rivers, and other recent writers, not as a primary instinct, but as having come into existence in order to produce and to maintain the cohesion of the group. It is a complicated instinct, and the very difficult question of suggestion is involved. But the essential function of the instinct is to induce all the members of a group to act together, for the purpose of furthering the interests of the group. Man is not yet fully socialized. And the herd instinct is much more fully developed in certain other human societies than it is in our own. But it is with the present development of our particular society that we are concerned. Similarly, the force of man's instinctive desire to live with his fellows varies in degree with different persons. But the existence of this instinct does not imply that a man is born with the desire to obey the rules of the society in which he lives. Rather may we say that the desire to live in society renders him obedient to the rules of society, because man realizes that in no other way can he live in society. Of course, the wish to stand well in the estimation of our fellows has its effect. And so our notions of right and wrong depend upon education, upon experience,

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upon the pressure of that part of society which forms our immediate social environment.

It cannot be doubted that men differ widely as regards the ease with which they fit in with society's requirements. Education has always tended to set up an ideal of uniformity, and perhaps must always so tend. And there is something to be said for this. The folk-ways are entitled to respect. They are the ways in which society has found by experience that it is easiest to walk. To most people, the following of the folk-ways is not only the easiest, but the safest, and the most comfortable, path. It is not given to all to feel 'the joy of paths untrod.' And, to the vast majority of people, any divergence from the old paths is accompanied by a certain amount of discomfort. It has been urged that failure to fall in with society's requirements is a sign, in itself, of lack of intelligence, proving that the offending man is one who has not intelligence enough to perceive what is best for himself as a social being. The view is obviously gratifying to our narcissism. But there is something to be said for it. Attempts have often been made to show that lack of intelligence is to be found in nearly all offenders. But the view must not be pressed too far. For society as strongly resents efforts to get in front of the herd, as attempts to lag behind the herd. And while in every age society has punished offenders against its laws, it has also been busy stoning its prophets, while building the tombs of those prophets whom former ages had stoned. The way of the reformer is often harder than the way of the transgressor. If any one doubts this, let him try to write a paper for a medical or other learned society. So long as he is content to elaborate the old theories, all is well. But let him put forward a novel view, and at once the cry rises, "Thou art beside thyself." And he is indeed fortunate if his 'madness' is ascribed to so innocent a cause as 'much learning.'

For many years society had punished, in the same way, all offenders without regard to their mental state, except in so far as they might happen to fall within a somewhat rigid definition of 'insanity.' But the presence of a considerable number of offenders, who were clearly of subnormal intelligence, or were otherwise mentally abnormal, caused a movement to be made in the direction of providing for them in other ways than by punishment. This movement, combined with other circumstances, resulted in the appointment of the Royal Commission on the Care and Control of the Feeble-minded, and the outcome of the recommendations of this Commission was the Mental Deficiency Act of 1913. The passing of this Act was attended by a considerable amount of op-

position. But into this, with the resulting modifications of the original proposals, we are not required to enter. It is with the Act, or rather with the definition of a moral imbecile contained in the Act, that we are concerned.

Now this definition requires proof of the existence of some permanent mental defect, from an early age, coupled with strong vicious or criminal propensities, upon which punishment has had little or no deterrent effect. It must be noted that no person can be dealt with under this, or under any other definition in the Act, unless he has committed an offence punishable by imprisonment or penal servitude, or under certain other specified circumstances with which I am not directly concerned. It is not possible, at least in the case of an adult, to deal with him under the Act, simply because it is thought desirable to restrict his liberty.

It is also of special importance to observe that the definition requires the proof of some permanent mental defect coupled with strong vicious or criminal propensities. The words are 'coupled with' not 'evidenced by.' Had the latter words been in the definition, the situation would have been quite other. Yet this is hardly appreciated by many who have to deal with the working of the Act. It is not very uncommon to receive suggestions that some person should be certified as a moral imbecile. When those who make these suggestions are asked for evidence of the permanent mental defect, they usually reply that the strong vicious or criminal propensities supply sufficient evidence in themselves. Now this, as I have pointed out, is not what the Act says. Further, if the definition had contained the words 'evidenced by' it would have sufficed to ensure the permanent segregation of a great number of habitual offenders. It may be that such is the really logical course. But it is not necessary for us to enter into this question, which is, at the present time, of purely academical interest.

So we have to consider what kind of permanent mental defect is contemplated in this definition. Is it a mental defect of a different kind to that mentioned in the previous definition, the definition of a feeble-minded person? That definition requires proof of permanent mental defect, such as renders the sufferer therefrom in need of care, supervision and control for his own protection or for the protection of others. If strong vicious or criminal propensities do not require care, supervision and control, it is difficult to see what else would. So it is not easy to see why a second definition is required. It may be said that a less degree of mental defect is required in the case of the moral imbecile than in the case of the feeble-minded person. The Act does not say so. It specifies

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no particular degree of mental defect as being necessary for certification. Had any such degree been specified our task would have been much easier. So far as defect of intelligence is concerned, it will generally be found that each examiner has his own pet standard, especially if he accepts the conception of 'mental age.' He assigns in his own mind some particular 'mental age' for purposes of certification, and will not certify if the case grades above that age.

If a case shows defect of intelligence it can be certified under the feeble-minded definition. And the moral imbecile definition is superfluous. The strong vicious or criminal propensities can, of course, be considered when weighing the necessity for care, supervision and control.

It may be said that defects of intelligence are not the only points which have to be considered. It is urged that there are temperamental, emotional defects which are of equal, if not of greater, importance. Even so, the Act does not specify any particular form of mental defect, as being required for certification. The word 'intelligence' is not used in the Act. If the existence of any other form of permanent mental defect, existing from an early age, can be proved, there is no obstacle to certification under the feeble-minded definition. The trouble is that these other forms of mental defect are exceedingly difficult to estimate; and their permanent nature is almost incapable of proof, a point which will be dealt with later.

But it is a grave question whether many, if not all, of these other forms of mental defect cannot, ultimately, be reduced to defects of intelligence. Great stress is laid by some writers upon the presence or absence of the 'power of self-control.' Without being beguiled into a discussion of the general question of 'self-control,' a discussion which would take us far beyond our present limits, and which would, as I well know, be quite inconclusive, I would like to deal with this point as it has been raised by two eminent authors. The late Mr Justice Stephen attached great importance to this matter of self-control. He even urged that it should be held to be the law that a person should be held 'irresponsible,' for a criminal act which he might have committed, if he was prevented by defective mental power, or by disease affecting his mind, from controlling his own conduct. (Vide *History of the Criminal Law of England*.) And the recommendations of the recent committee presided over by Lord Justice Atkin seem to go some way in this direction. In the work just quoted, Stephen says that the man who exercises self-control "refers to distant motives and general principles of conduct." Now, in his book on *Criminal Responsibility*, the late

Charles Mercier argued, or rather asserted, that Stephen had thus transferred a 'moral principle' to the domain of the intellect. Mercier defines self-control as "the power of forgoing immediate pleasure for the sake of greater advantage in the future." And he goes on to say that this is not a matter of the intellect, but is a 'moral' quality. Now is this statement justified? The power of forgoing present gratification for the sake of future advantage depends partly on memory (of what the man has previously experienced), partly on judgment (which unites things which are already present in the mind, and so depends upon memory), and partly on reason (which is the power of drawing an inference from two or more judgments already present, and so depends upon judgment, and so, ultimately, upon memory). And memory must surely be considered as appertaining to the intellect. And we see many examples, in cases of senile dementia, of the failure of memory producing failure of 'self-control,' by means of failure of judgment and of reasoning power. Terman, in his *Measurement of Intelligence*, argues forcibly for the view that moral judgment, like business judgment, or any other form of higher thought process, is a function of intelligence.

We do not know exactly what it is that we measure by 'intelligence tests,' but it is clear that it consists of a number of functions; which functions are, if not separate, at any rate only loosely connected. It would seem preferable that we should devote our attention to the perfection of our present unsatisfactory 'intelligence tests,' and to the elucidation of what we measure by their means, rather than to the elaboration of so-called 'emotional tests,' many of which (as, for example, Fernald's test of 'ethical discrimination of offences') are, even on the admission of their inventors, merely tests of intelligence which employ ethical situations as integers.

The definitions, both of feeble-mindedness and of moral imbecility, require proof of a mental defect which is permanent. If the mental defect is curable, the fact proves, *ipso facto*, that a wrong diagnosis has been made. Many instances of so-called moral imbecility are, actually, cases of mental conflict. These cases are, theoretically, curable, and some can actually be cured. Cases of true kleptomania come under this heading. I also believe that some moral imbeciles are cases of dementia praecox, in which we get a regression to the infantile type. Some instances of the so-called psychopathic personality come under this heading. Some of these cases never make any social associations at all, and some exhibit active anti-social attitudes. These are the only persons to whom the term 'moral imbeciles' could be applied with any kind of

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propriety. But, as I have just said, I incline to the view that they are cases of dementia praecox. There are, of course, offenders who are highly intelligent, and who commit offences, having carefully weighed all the risks. But I suppose that no one would suggest that these are moral imbeciles.

To sum up, I am of opinion that discussions on the diagnosis of moral imbecility are futile, because I refuse to recognize the existence of the condition. All the alleged cases of this condition, which have come under my notice, could either be brought under the definition of feeble-mindedness, or else have been cases of definite psychosis, or of mental conflict and repression. I believe that the retention of the definition of moral imbecility is superfluous and misleading. I consider that the idea of moral imbecility involves untenable conceptions. And I consider that the term should be dropped, as simply tending to darken counsel.

THE DEFINITION AND DIAGNOSIS OF MORAL IMBECILITY (IV)¹

By W. REES THOMAS.

THE subject of Moral Imbecility is admittedly a difficult one, mainly because the legal definition given in Section 1 (*d*) of the Mental Deficiency Act leaves us in some doubt, not as to the type of case it was generally intended to deal with, but as to the meaning of the criteria laid down in the definition.

The Section reads as follows:

Moral Imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.

'Early age' has given rise to little difficulty especially as the age of 17 has been held to be an 'early age' within the meaning of the Act.

We thus include the period of puberty and early adolescence and on this point I think there is general agreement.

The latter portion of the definition 'criminal propensities on which punishment has had little or no deterrent effect' is entirely a matter of evidence. I take it that it is necessary to include not only legal punishment but also punishment by parents or others in restraint of vicious or criminal conduct.

But the effectiveness of the whole Section turns on the question of 'permanent mental defect.' It is probable that the mental defect is not here intended to be of the same quality as that of 'mental defectiveness' included in the definition of feeble-minded persons. Had it been so then it would not have been necessary to add the fourth class of defective. The mental defectiveness of a *feeble-minded* person refers particularly to the degree of intelligence and capacity in relation to an assumed normal for the general population, and the defect of intelligence is so pronounced that he requires care, supervision and control for his own protection and for the protection of others; and further, that in the case of a child, that he by reason of such defectiveness appears to be

¹ A Paper contributed to the Symposium presented at the Joint Meeting of the Education and Medical Sections of the British Psychological Society, March 8th, 1926.

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permanently incapable of receiving proper benefit from the instruction in ordinary schools.

It seems clear that the definition of a moral imbecile presupposes an undefined 'mental defect' the quality of which differs in some way from that of a feeble-minded person. It is necessary to make this point clear as I find in practice that a large number of cases are certified as moral imbeciles when they could be covered by the terms of the definition of feeble-minded persons.

Of the meaning of the terms 'permanent mental defect' there has been, and still is, very great difference of opinion. The word 'permanent' as here used seems to suggest that it has been used with a purpose. What that purpose may be I am not sure, but it appears to me that it is intended to differentiate between another condition which may be called a 'temporary mental defect.'

There are a number of conditions which might be brought into this category:

(1) The instability of adolescence.

This refers to the restlessness and instability arising during the years of the development of the secondary sexual characters, both physical and psychic, and it appears to differ from certain other psychic disorders only in the degree of the intensity of its signs and symptoms.

(2) Faulty mental attitude and conduct arising from bad environment and training, and which are capable of correction by education and improved surroundings.

(3) Neuroses arising during an early age, and which undergo natural cure or which disappear as the result of treatment. These include *e.g.* hysteria, anxiety conditions and the obsessional neuroses—kleptomania, etc.

(4) Psychoses of an obvious nature and from which recovery is probable.

Various authors who have written on this subject have always in their differential diagnosis of moral imbecility mentioned some or all of the above and have warned us against mistaking them for true moral imbecility.

The list is not intended to be exhaustive, it is merely set out for its value in suggesting to us the nature of the mental defect we are discussing. It illustrates the point that whatever temporary mental defect may be it certainly is not a defect of intelligence.

None of the conditions given above suggest that the victims have a basis of defective intelligence from which they later recover. We are

usually in the habit of thinking of intelligence as the essential and permanent capacity of an individual for achievement in any direction. It is true of course that a patient suffering from a temporary psychosis may be intellectually clouded, but this is a temporary disorder rather than a defect of intelligence.

If we view the matter from a slightly different angle we may find another help in our attempted interpretation.

It has been said that the essential character of the moral imbecile is the absence of a *moral sense* and that this constitutes the mental defect. I will discuss the meaning of this latter term at a later stage, but I use it now as I think its application as a popular and non-technical phrase is generally understood.

The presence or absence of a moral sense is extremely difficult to establish especially if it has to be proved apart from the vicious conduct that brings the subject under review.

Instability of an emotional kind and a marked restlessness are often present—but we have to assume these characters from our knowledge of the past rather from the data obtained at the time of examination. Ethical standards vary very greatly and there are as yet no reliable tests within our grasp.

A great deal can be discovered from frequent association with the patients, but except in institutions the physician finds it impossible to give the necessary time. And in testing them we find it impossible to eliminate the purely intellectual element in favour of the affective.

In dealing with the delinquent child our task is easier because in most cases these barriers have not been set up. Under these circumstances correction of the defaulting environment can often be effected with the happiest results. But in the type of case which might come under the heading of possible moral imbeciles it would seem to me impossible to arrive at a diagnosis without delving into the depths of their mental life.

This is particularly true of the unstable type, whose actions appear to be controlled mainly by emotional storms, and these temperament cases illustrate with equal force our inability to correct their conduct merely by reference to the more superficial strata of the psychic life.

We are dealing with some quality of the mind which cannot be demonstrated by mental tests, but which is in some way associated with the working of the mind as a whole, and which is intimately connected with our existence as social beings.

The complete structure of modern society has been built up from simple beginnings by the united effort and forbearance of the individuals

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of the group. The habit of gregariousness finds its origin in the history of the development of mankind, and if the theory of the evolution of man from the lower animals is true we are able to produce numerous examples of mutual tolerance associated with gregariousness in the lower levels of our development history.

An immense number of animals live by preying on some species of a lower division of the animal world, but generally the antagonism exists towards a different species and the species within itself lives a social life which entails restraint in exchange for companionship and mass protection. It is this aspect of life which is the more important and extensive in the animal world, that provides us with excellent examples of gregariousness.

A study of the habits of fishes, ants, bees and wild animals will show the widespread nature of social life, and the success of the experiment is obvious from the overwhelming numbers of sociable species.

In this connection Kropotkin writes:

Being thus necessary for the *preservation the welfare and the progressive development* of every species, the mutual aid instinct has become what Darwin described as "a permanent instinct," which is always at work in all social animals, and especially in man.

Having its origin at the very beginnings of the evolution of the animal world, it is certainly an instinct as deeply seated in animals, low and high, as the instinct of maternal love; perhaps even deeper, because it is present in such animals as the molluscs, some insects and most fishes, which hardly possess any maternal instinct at all. Darwin was quite right in considering that the instinct of 'mutual sympathy' was *more permanently* at work in the social animals than even the purely egotistic instinct of self-preservation.

The mutual aid instinct is better known as the social or herd instinct, and the development of this tendency in some of the lower animals has gone so far as to entail actual changes in structure following or accompanying the economic organisation of the group. In man himself we find the full expression of the same tendencies even among the most primitive savages.

The capacity for sacrificing merely selfish desires must have developed side by side with the desire for companionship and mutual protection, the former being the essential counterpart of the latter. And whether or not we agree with Kropotkin that the social instinct is of more ancient lineage than the egotistical we must admit that it arose very little later in point of time.

Man as a social being must therefore possess the capacity for the suppression of those desires that are inimical to the well-being of the herd, or he must sacrifice his association with the herd. Should he

desire to satisfy his craving for companionship he must obey the rules of the herd for the time being in force.

If we consider modern society we find little or no difference in principle, but there is, of course, a wide variation in the lines of conduct possible within the limits of human standards. It would seem to me that the 'moral sense' is therefore nothing but the ability to maintain a more or less proper relation between the social and egotistical tendencies.

The influences of environment and the division into classes are inimical to this morality when the structure of society permits in certain groups what is forbidden in others.

Thus a child brought up in slum surroundings may have acquired a standard of conduct which though satisfactory to its own group is intolerable in another grade of society. But there is no essential difference between the two groups. In both we find gregariousness and on special issues affecting the welfare of the larger group of which they form a part they will feel the same and take common action. We are only concerned at the moment with the vital issues of the larger groups of society, but we must not forget that the child has to serve many masters. It must first adapt itself to family life, then to the life of its less immediate surroundings and finally to that of the larger society or state.

At each stage he must be taught the necessary taboos, the important point being that this obedience is required in advance of his intellectual capacity to grasp the reason for the actions of his teachers.

It is only in adult life we find the full development of the herd instinct, just as the sexual instinct only finds its fullest expression at the end of the adolescent period.

The early years are merely periods of preparation.

When the sexual instinct does not develop normally we speak of it as perverted and I think the same term should be applied to mal-development in regard to the acquisition of the social qualities of man.

I cannot therefore subscribe to the view that the patient has no moral sense as this term merely refers to the resultant of numerous forces and does not seek to explain causation. I am at a loss to discover any method of localizing the moral sense. The condition has, from the point of view of examination, no clinical entity, and the signs and symptoms of such a mental state cannot be demonstrated apart from social behaviour. The cases that, on the evidence of past conduct, should perhaps be regarded as moral imbeciles actually give on examination no ground for the assumption. They can pass all the ethical tests to which we can

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submit them, and it is only on the conduct side that they fail. The whole position is one of emotional attitude, and too often this is not revealed to the public gaze.

Feeble-mindedness is rather different. Here the condition is one of lowered energy and development of all the mental and physical functions, with the result that the subjects cannot compete or stand on equal ground with their fellows.

If placed in institutions at a very early age the great majority develop normally and their conduct in relation to these surroundings leaves little to be desired.

Where it is possible to keep those of equal mentality together the happiest results may be obtained.

It has been said that the moral imbecile does not exist. This attitude appears to be entirely dependent upon an inability to find the signs and symptoms of a defective or absent moral sense. To this extent I agree.

Or it may be due to a particular conception of the nature of the mental defect. In order to express my own view I must again digress for a while.

To the ordinary layman or to the parent the actions of a child are often unaccountable, and it is only in recent years that physicians and psychologists have come to understand something of their nature and causation. Freud was one of the earliest physicians to recognize that there were unconscious causes of conscious mental phenomena, and that the processes that produced nervous disorders were of the highest importance in the mental life of normal individuals. He introduced the science of psycho-analysis or the investigation of the unconscious portion of the mental life. He showed that the whole mental life, especially on the emotional or affective side, was determined by subconscious forces or motives.

The practical application of the psycho-analytic method to neuroses, untruthfulness, kleptomania, various obsessions, uncontrollable temper, perversions of various kinds, to quote only a few conditions, has resulted in improvement and cure.

The theory of repression applies not only to the memory of actual experiences but also to ideas or phantasies, and the real struggle in life is the conflict between the unconscious and the forces at the disposal of repression. By means of repression many of the forces of the unconscious have been diverted from their natural course and used for social purposes.

The development of consciousness in the child brings it into contact with its surroundings, which represent reality; and when these surroundings are unpleasant there is a tendency to create in its mind an ideal world of its own—a world of phantasy. The value to society therefore of any specific instance of action is the only standard by which we can judge whether the mind is indulging in phantasy or is dealing with reality.

The mechanism of the formation of complexes and the effects of the affects attached to them cannot be dealt with in a paper of this kind, and I must refer the reader to the abundant literature on the subject.

Freud and his followers have introduced us to a new aspect of the forces at work in the mind of man and we must judge actions solely on the basis of causative factors. But one thing emerges and must be kept at all times prominently in our minds: That a great number of examples of antisocial conduct can be cured by psycho-analysis and social adjustments can be made effective thereby.

In cases where antisocial conduct has lasted for some considerable time or where the mental abnormality is from very nature unapproachable no specific means of cure is known. These cases must in the present state of our knowledge be regarded as permanent; but they do suggest the vital importance of early treatment.

I believe that it is in the study of these mental disorders that we will find our moral imbecile and our 'permanent mental defect.'

So far as we know, there is no essential difference in the mode of action of the various psychic processes which distinguish the normal mind from the abnormal. It is merely a question of the mechanism by which the forces of our psychic life are satisfied and adjusted to social or individual requirements. Revelation of the real forces at work within him and the release of pent up injurious complexes constitute to my mind the best known method of making man a perfect social being. To adopt this method to the exclusion of all others would be to discard what is and has been extremely useful, but our added knowledge bids us undertake as our first and most important duty the study of the psychic life of the child.

It would be impossible in all cases of social maladjustment to apply the method of psycho-analysis, and where other methods produce the necessary permanent result it would manifestly be waste of time.

But the key to the situation is the treatment of the child, as adjustments can be made at this time which are difficult or impossible at a later stage.

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A description of the various stages in the psychic development of the child and the possible maladjustments in the struggle against environment would take us too far from our present subject. Suffice it to say that when the psychic forces fail to satisfy the individual's tendency to expression or action, such energy tends to find its outlet in other or symbolic channels, and failing even this the individual reverts to an earlier period of development and so for the moment escapes the pressures of present reality. For practical purposes we may classify our cases into those that can be cured and those that are in the present state of our knowledge and technique incurable.

When such a state of things is associated with or leads to anti-social conduct we have to consider not only the misbehaviour itself but the causative or associated factors lying hidden behind it. I take for purposes of illustration a number of patients who have come under my care.

It was difficult to select the cases because I feared that my own judgment was biased and I would present to you a series of examples merely to prove my own point of view. I have therefore allowed my selection to be made by the doctors who certify these cases as moral imbeciles under the Mental Deficiency Act. This method may be in some ways unsatisfactory but I am afraid that any other form of selection is at the moment impracticable.

An examination of this type will at least throw some light on the conditions that exist to justify the diagnosis. In the first place, it is obvious that some were certified as moral imbeciles when they could, on the ground of low mentality, have been classified as feeble-minded.

For the purposes of this classification I have taken as my standard of feeble-mindedness a mental age of less than $11\frac{1}{2}$ years on Terman's Revision, and in most, if not quite all the cases, the tests have been confirmed by means of Healy Picture Completion Performance Tests. Very few of the patients who are graded as feeble-minded exceed a mental age of 10 years. Only some six cases I think.

The mental age of the other patients cannot be accurately gauged for the reason that most of them suffer from neuroses and psychoses which invalidate our present methods of testing. So far as I can judge, however, they were mainly of the high grade, ranging from 10 to 16 years. As I am including all the cases that have been certified as moral imbeciles I feel that this point is not for the moment of vital importance.

Of 101 cases thus certified, 50 were feeble-minded and did not suffer

from any obvious morbid mental disorder, 43 suffered from psychoses, 4 from psycho-neuroses, and 4 were regarded as not mentally defective.

Psychoses. The patients placed under this heading, 43 in number, include dementia praecox 22, manic-depressive 11, psychotic epileptics 2, post-encephalitic 1, and persecutory 7.

It should not be supposed that these patients were at all times certifiable under the Lunacy Act, as had this been so they would have been dealt with in the usual way and sent to Mental Hospitals. But in each and every case during the period they have been under my observation the psychosis has declared itself in sufficiently definite form and of an intensity such that, had it persisted, certification under the Lunacy Act would have been inevitable. It is the usually short duration of the acute phase which is a special characteristic of the group.

A typical example is A. W. She has numerous convictions for stealing over a period of 25 years. Before admission, she was stated to be hostile, quarrelsome, vindictive and a specious liar; in many ways astute, her memory and attention fair, her will-power persistently misdirected into antisocial courses. She was antipathetic to work and incapable of appreciating kindness and unable to organize her life successfully. She was found to be an intelligent woman and obviously well up to the average. She refused to be tested, resented her past being discussed, and held that her offences for stealing were entirely her own concern. She was self-reliant, inclined to be aggressive, talkative in a purposeless sort of way. From the ward she was reported to be selfish, intolerant, and was constantly bringing baseless charges against the officials and staff, mainly of inattention. She displayed her sensitive and suspicious nature by misinterpreting actions intended to be kind as merely artifices to annoy her.

When I got to know her better I found her views on stealing were rather unusual.

She first explained that her case was different, as she did not steal from ordinary people but entered and frequented houses of ill-repute and stole from the inmates. Whether her estimate of her victims was correct or not I am unable to say, but certainly some of the districts from which she stole were those in which women of that type usually lived. When she elaborated her views I discovered that her avowed intention was to exterminate prostitution by so constantly stealing from those poor victims that they would be forced out of evil life by purely economic circumstances. And she was confident of success. After some

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six months she began to complain of women molesting her in her bedroom at night. A few days later she displayed acute auditory hallucinations and declared that I was arranging to transfer her to the male side of the institution with the object of amputating her legs. This attack lasted a week after which she relapsed into her usual slightly defiant and suspicious mood. She always declared that her own moral conduct was irreproachable and she had certainly acquired a number of useful friends among those of good repute.

S. B. was admitted with a history of indecent behaviour and intolerance of discipline.

When he was brought to my office he was at first surly, but, when I explained to him that I only wished to hear his point of view, he told me a long story of his inability to get work, and how other people did not understand him. Questions always made him suspicious, and although he answered he seemed to be constantly on guard. He displayed his impatience by repeatedly changing his weight from one foot to the other.

The only abnormal factors I could discover were a certain reserve and suspiciousness with an apparently purposeless occasional frowning of his forehead. He works well, but is rather impatient of other inmates with whom he associates. At intervals of three or four months he suffers from auditory hallucinations lasting from four days to a week. At these periods he complains that imaginary people talk to him and say unpleasant things about him, and often when in bed he will move his feet about under the clothes as though kicking imaginary people.

At the end of the attack he reverts to his condition on admission.

The above are quoted as typical rather than extreme examples of the dementia praecox type.

The manic depressive cases can naturally only be diagnosed on admission if chance should decree that the acute phase is present. Often a history may be obtained which is very suggestive or even definitely diagnostic.

The persecutory cases I have not further classified because I have been unable to satisfy myself that they belong to any definite clinical group. I have no doubt that many of them are suffering from dementia praecox. But from the point of view of the physician they are perhaps the easiest cases of all.

W. M. was charged with repeated offences of stealing, burglary. He appears protesting that he is innocent and that his trial has been

prejudiced by the police evidence. He answers questions readily enough but often during the examination he will become mildly defiant, brushing aside questions that he declares are intended to catch him. In the ward he is for a time retiring but sulky and watchful. Any act of ordinary routine is regarded as specially designed to annoy him. He has accused the attendants of tampering with 'things,' and on a few occasions has definitely charged them with doctoring his food. His resentment is displayed by isolated acts of acute violence and by destruction of property.

The psychotic epileptics require no special mention and their periods of irritability when they are liable to acute outbursts or criminal conduct is readily understood.

If I have given the impression that these cases are certifiable under the Lunacy Act during the intervals between exacerbations I would hasten to remove it.

If sent to a Mental Hospital they are discharged as no longer insane. Contact with the outside world even under the most favourable conditions produces only a recurrence of antisocial behaviour.

Psycho-neuroses. Although there are only four cases recorded in this particular group, the condition is not uncommon.

Hysteria reveals its presence often during quite a short interview but some other types such as obsessional conditions are constantly hidden and only come to light almost accidentally. I quote one illustrative case.

S. M. was noted before admission as a low mental type, emotional, unstable, at times dangerous, with little self-control and liable to sexual outbursts which led him to violent attacks on females. On admission I found him of normal height, physically of fair development, rather thin and pale. He was taciturn, resented being questioned, but was not in any way verbally aggressive unless unduly pressed. Although living in association with other patients he took little pleasure in their company and preferred to sit in a corner with a book or paper. He was obedient and did what work was required of him without displaying any enthusiasm. He would have preferred to sit and watch the world go by.

I interviewed him privately on a number of occasions, and although I could get little out of him he was finally persuaded to submit himself to mental tests. On the Terman Revision he graded at 15 years and acquitted himself quite well on the various performance tests. My impression of his general intelligence and capacity was that of an average

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man of his class. Some six months after admission he handed me personally the following letter:

SIR,

I hope you will excuse me making my application in writing instead of verbally, but my statement being of a lengthy nature it will be more convenient for you to grasp the full facts of the case. On several occasions I have undergone the sensation of strangulation in my sleep. It was as if someone had come in my cell and had taken me by the throat and tried to strangle me. To be precise I have experienced this awful sensation of strangulation on six occasions. Prior to the last occasion I looked upon it simply as an attack of nightmare, due no doubt to my liver being out of order. But it seems something more than a coincidence that my nightmare should take the same course every time. Believe me Doctor, these attacks are awful, the mere thought of them is too awful to contemplate for one moment. They are so realistic. Now, Doctor, is the night attendants having a game with me, or is due to liver complaint, or is it due to supernatural powers. Common-sense says due to liver (That is the question). I can only surmise myself. I no nothing for sure. I'm not mad neither am I lying. I tell the truth here. Now Sir, will you allow me to sleep in a Dormitory of a night. To be candid with you I am getting nervous of a night. I don't want the observation dormitory, there's too much madness there. If you will put me in an ordinary dormitory I will give you my word of honour, I will not abuse your kindness....

I remain, Sir,

Yours respectfully,

S. M.

As a result of these dreams the patient became communicative and I was able to obtain the following account of his career.

He was the only child of a father who was drunken and worthless although he had been well educated. His mother kept a small business, quite successfully, the only difficulty being that the father often stole the contents of the till to provide himself with drink. The lad was well-behaved as a child, attended school regularly and reached standard five at the age of 13. He started work at the pithead but left after twelve months because he could not work overtime. Out of work for two months, then in an iron foundry for six weeks—didn't like it so left. Unemployed for two or three months and then got a job at a ginger-beer factory—left after two weeks because the hours were too long. He then worked at a pithead for five weeks and at another pit for one month, but left each place because he wouldn't do night work.

At 14½ he assaulted a girl—bit her—but states he was drunk at the time. Two months later he threw a stone at a dog and killed it. He insists that the dog attacked him. Within a few weeks of this incident he was charged with sending threatening letters to the girl he had previously assaulted. A few months later he was charged with using obscene language to a station porter, but was under the influence of drink at the time. Within a short period he was caught stealing pigeons, but this was a joke as the pigeons were released. In the same year (at age 16½)

he assaulted a female. He had made overtures to her some months previously and when she saw him again he was drunk. She taunted him so he knocked her down. During the whole of this time he had worked for short periods but after this incident he stayed at home and helped his mother in the shop. When he was 18 he courted a girl but she gave him up; consequently he attempted to cut her throat with a razor, but only succeeded in slashing her face, as someone came to her assistance. At this time he began to realize that he always felt aggressive towards women, and whenever he saw a girl whose face and figure appealed to him he was seized with an impulse to strangle her with his hands. At intervals he drank to excess as he found that he could only in this way secure some freedom from the thoughts that possessed him. His attitude towards men was one of indifference, though he admits that he preferred giving in to fighting and had often been called a coward.

In his 20th year he attempted to strangle three females. They were immoral women that he lured into quiet places. Carnal knowledge was no particular pleasure to him, but on each of these occasions he attempted to strangle the woman. He did not succeed: once he was interrupted and on two occasions he was not strong enough. A year later he wounded a woman with intent to murder. This attack was thought out beforehand. He tried to get at her throat but only succeeded in cutting her face and breast. The lady had taunted him with cowardice. Although he would not at first admit the fact, it slowly became obvious that he suffered from a partial sexual incapacity. Curiously enough he attributed the cause of his obsession to the fact that he had seen his mother treated in this way by his own father during drunken bouts, and that he had heard as a child that his premature birth (at 7 months) had been caused by an incident of the same nature.

During the early interviews he was in a perpetual fear of death by violence such as that portrayed in his dreams, but as the dreams ceased he became calmer. His mother stated that her husband was a drunkard and although he had never struck her, on numerous occasions during their married life he had seized her by the throat in his drunken rage. Her son appears to have associated with men of indifferent character. His mother had regarded him as peculiar from childhood but he had given no serious trouble until he was 14.

It was the pure chance of those most significant dreams that brought to light his true condition.

I have written of these cases fully enough to demonstrate the existence of a mental disorder, and the degree or intensity to which it may attain.

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Although at first some of them may appear as inadequate personalities, persons who merely fail to make the social adjustments imposed on them by the community, there is little doubt that a study of each case will from a clinical standpoint afford sufficient evidence to make diagnosis tolerably certain or at least to raise suspicions which must inevitably be confirmed after a short period of observation.

The dementia praecox however ill-defined is yet clinically often easy of recognition.

Rampton State Institution was established for the reception of defectives of dangerous and violent propensities.

This definition of defectives, I think, applies very particularly to the moral imbecile, and as we collect our cases from all parts of England and Wales it is a reasonable presumption that we would receive into the Institution a fair number of moral imbeciles—if such exist. I have classified the actual types above. Many of them are feeble-minded and many suffer from mental disorders of a more or less definite character. They conform to the requirements of Section 1 (*d*) of the Act in that from an early age they have displayed vicious or criminal propensities.

The only certain permanent mental defect I am able to determine is the presence of a psychosis or a psychoneurosis and *in so far as these conditions are incurable or have failed to yield to treatment they can be regarded as constituting the permanent mental defect.*

The question of transfer to an Asylum is largely one of the duration of the acute phase of the mental disorder. In an acute psychosis lasting even one or two weeks it would be manifestly absurd to pass them on to Mental Hospitals. This would of necessity mean early discharge with a return to a life of viciousness and crime.

Dr Cyril Burt in his contribution to this symposium has divided mental deficiency into intellectual and temperamental types. With this classification I entirely agree, and especially when he adds that, "It is not therefore utterly impossible for a person of high intelligence to be a temperamental defective; but such a combination must be extremely rare." General emotional instability existing apart from acquired mental disorders is not in my own patients found associated with normal intelligence. There is always an intellectual defect of greater or lesser degree, and this defect is taken in association with general instability as the criterion of feeble-mindedness within the meaning of Section 1 (*c*) of the Act. Theoretically there must be many cases in whom temperamental defectiveness exists alongside normal intelligence, but they are hardly ever found in institutions. It is possible that our prisons may hold

many examples. But the very large incidence of psychoses and neuro-psychoses among the patients at Rampton rather suggests the possibility that some at least of the cases diagnosed as temperamentally deficient during school age later develop dementia praecox (or other mental disorder), and that the instability is merely an early stage of the disease.

I recall as I write the case of a patient of 33, who is now a fairly obvious dementia praecox and who dates back the commencement of his illness to the age of 8. Even when I first knew him five years ago, in certain phases of his disorder he could easily be mistaken for a temperamental defective. It is a far cry from the school-room to Rampton, and until we are able to note continuously the future progress of the difficult cases of school age, it will be impossible to make other than the most tentative suggestions as to the fate of the unstable of normal intelligence.

But I would add to Dr Burt's two classes of defectives a third, in which psychoses or neuro-psychoses that have been acquired during the period of development, constitute the permanent mental defect.

In order to satisfy the terms of Section 1 (*d*) of the Mental Deficiency Act they must:

(a) show vicious or criminal propensities on which punishment has no deterrent effect;

(b) suffer from mental disorders that are permanent in the sense that treatment has failed to cure or that from the very nature of the disease it is presumably incurable;

(c) be incapable of being dealt with effectively under the Lunacy Act, either because the certifiable period is extremely short or the disorder does not at any time attain sufficient intensity to justify certification.

THE DEFINITION AND DIAGNOSIS OF MORAL IMBECILITY. V¹

BY F. C. SHRUBSALL.

THE problems discussed in this symposium seem to cover two main issues; firstly the intentions of the legislature in the Mental Deficiency Act as a whole and in Section 1 (*d*), the definition of the moral imbecile in particular; and secondly, the existence of a special clinical type, or it may be types, of mentally defective persons so differing in quality as well as in degree from the others as to justify separate classification. The certifying officers of local authorities under the Act must perhaps of necessity be more interested in the former issue owing to its implications for administration.

There can be little doubt that there was a general public desire in the years which preceded the passage into law of the Mental Deficiency Act to make provision for all classes of persons who were mentally enfeebled and who either actively or passively brought themselves to notice. Actively, if the aid of the communal resources was needed 'for the protection of others'; passively, if for the protection of the defective himself. As Dr Tredgold has pointed out, the Royal Commission which preceded the Act looked upon all mentally enfeebled or aberrant persons as defective but divided them into three classes: (*a*) those who had been of enfeebled mentality from an early age; (*b*) those who were normal at first but who had more or less suddenly developed aberrations; (*c*) those whose mental life had undergone a degeneration with a loss of the faculties they previously possessed. The first class comprises those ordinarily thought of as the subjects of amentia, the second class the psychotic or psycho-neurotic, and the third the subjects of dementia. The problem was to provide the necessary care. Class (*b*) was thought to be adequately covered from the standpoint of the community by the provisions of, and the care available under, the Lunacy Acts. Class (*c*) was partly provided for under these acts and to some extent under the Acts for the Relief of the Poor. Only the lower grades of class (*a*) received care under the Idiots Act, those of low grade and a few unstable individuals

¹ A Paper contributed to the Symposium presented at the Joint Meeting of the Education and Medical Sections of the British Psychological Society, March 8th, 1926.

of higher grade received care under the Lunacy Acts and some of all grades, so far as they were poor persons, were dealt with under the Poor Law. The first intention seems to have been to close the gaps and provide for all in classes (a) and (c) not otherwise cared for. The original Bill provided not only for the mentally defective from an early age but for 'Mentally Infirm Persons.' Such an one being defined as 'one, who by reason of mental infirmity arising from age or from the decay of his faculties, is incapable of managing himself or his affairs.'

There is no doubt that persons of this class require care as much as the congenitally defective, indeed from the standpoint of the community they may deserve even more attention. Had this class been placed under the Act the difficulties arising from the behaviour of post-encephalitic subjects and of those intermittently insane persons referred to by Dr Rees Thomas could at once have been met. Now it must have been the scheme as a whole that was in the minds of the original drafters of the Bill and no doubt affected the definitions, although this fact cannot now be utilized in estimating the legal effect of the provisions of the Act. In particular it may have led to the careful definition of the subjects of amentia under the classes Idiots, Imbeciles, and Feeble-minded Persons, in terms which seem to preclude all but those whose faculties have had no chance of development and who would comply with Esquirol's original definition, in 1828, of 'Idiocy,' which term, in its then connotation, corresponded pretty much with the present-day mental deficiency. "Idiocy is a condition in which the intellectual faculties are never manifested or have never been developed sufficiently to enable the individual to acquire such an amount of knowledge as persons of his own age and placed in similar circumstances with himself are capable of receiving. Idiocy commences with life or at that age which precedes the development of the intellectual and affective faculties which are from the first what they are doomed to be during the whole period of existence." No better definition has yet been devised. Had the difficulties which arise from the emasculation of the Bill by the omission of class (c) been foreseen it is possible the definitions might have been somewhat modified or elaborated especially on the point of 'age.' By the time the Bill had failed to get through on the first occasion of its presentation it was presumably too late to introduce modifications without exciting further opposition.

In the case of the definition of the 'moral imbecile' it would appear that other influences were at work to modify the connotation of the term as originally introduced to public notice. As previously pointed out in

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the symposium the suggestion was that ineradicable propensities to vice and crime spontaneously appearing 'in spite of careful upbringing' should in themselves have been a ground for certification. The Commission as Professor Burt indicates left out the reference to upbringing, though no certifying officer, as was doubtless recognized, would ever fail to consider this and to weigh his evidence before the bar of his own conscience. The Commission substituted the requirement of proof of the existence of mental defect from an early age. As it then stood, Dr Rees Thomas' argument for the recognition of defect in the form of early psychogenic influences revealing themselves later in behaviour would have been more generally acceptable as compliance with the terms. The addition of the word 'permanent' added to the difficulty, for the effects of 'trauma,' using this word in rather a loose sense, may possibly be undone and some might not agree that a condition must of necessity remain for life, merely because it has not so far yielded to treatment.

No doubt in this the original sponsors felt they were pushing ahead of the then state of public opinion and so played for safety. That public opinion is catching up to the original positions is shown *inter alia* by the recent suggestion of the Committee on 'Sexual Offences against Young Persons' that the words 'early age' should be deleted from the definitions of feeble-minded persons and moral imbeciles in the Mental Deficiency Act, 1913.

The point is that that Act is a formulation by the legislature of an attempt to meet the public demand for dealing with certain persons who are a danger or a nuisance to the community, not an attempt to define syndromes of clinical or psychic phenomena. Just as all sufferers from psychoses or psycho-neuroses are not deemed insane in law because of their affliction alone but because they are in consequence 'dangerous to themselves or to others,' and still less are they deemed insane solely because they have a particular psychosis such as general paralysis; so the definitions in the Mental Deficiency Act, read in conjunction with the circumstances under which individuals are subject to be dealt with by way of institutional treatment or guardianship, clearly contemplated a wide range of reference, subject to the safeguards of the definition. It may therefore well be argued that if there are certain persons who ought thus to be dealt with for the public good and who comply with the terms of the definition as interpreted by adequate legal authority, they should then be dealt with irrespective of any more exact description of clinical types that may be formulated. In other words, that the problem is social and legal to a greater extent than medical or psychological, and

that no objection should be raised to lawful extensions of the meaning of the words, on account of the extra protection thus afforded to the community, provided this action does not remove any reasonable safeguards to the liberty of the individual subject.

That this is the actual practice is shown by the types of case received at Rampton under certificates as Moral Imbeciles. My own experience has been on similar lines to that of Dr Rees Thomas and in practice I have found that the term 'moral imbecile' has been employed by medical practitioners for the following types of case:

1. For the definitely feeble-minded or imbecile in whom vicious or criminal conduct has been a prominent feature but in whose case the behaviour might well be ascribed to the general all round low level of their intelligence. In these cases there seems no reason why the subjects should have been classed as moral imbeciles the definition of which class is harder to substantiate and naturally is more resented by relatives.

2. For higher grade cases of feebleness of mind in which the all-round nature of the defect could be demonstrated but in which the general response to conversation and tests was somewhat near the borderline, though the conduct of the individuals showed a lack of wisdom in the affairs of life. To this class Dr Tredgold's argument would apply and the definition may have been utilized because either the certifying practitioner held the view that all feeble-minded persons must be illiterate or that he feared the judicial authority might hold such views. These are clearly feeble-minded persons.

3. For cases which showed signs of definite organic lesions such as of cerebral syphilis, of meningitis or encephalitis, or of abscess or tumour of the brain, the onset of which had been followed by changes in conduct, but, in some, by relatively little impairment of intelligence. Assuming that it was essential to provide for these care which was not otherwise available it might be administratively convenient to utilise the Mental Deficiency Act and provided there was evidence that the propensities and defect dated from an adequately early period, from the legal standpoint the definition of moral imbecility might be the only one that was likely to be acceptable, even though a wider vision would rank the subjects within the class of the feeble-minded. It would, no doubt, be preferable if those whose condition is so obviously physical in origin could be provided for in some other manner, especially as many can be improved by wise handling and suitable discipline. It must be admitted that a close investigation of their previous behaviour generally indicates

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the germs of sin, of tendencies to misconduct, which the subjects had been able to control prior to their illness. The illness has lowered their powers of discrimination and control while increasing their irritability and rendering them more liable to a protopathic, 'all or none,' type of reaction. This class more than any other would seem to justify the admission of the term 'irresistible impulses' into the legal criteria of criminal irresponsibility, albeit the subjects usually know full well the nature and wrongness of their acts. With these may perhaps be classed the epileptics although in them there is often a more marked lowering of the intelligence and more evidence of confusion.

4. For cases of definite or incipient psychoses, with or without a lowering of the level of intelligence. These may be certifiable under the Mental Deficiency Act, but usually before long the subjects need to be transferred to Mental Hospitals, as they require more care than can be afforded in ordinary Certified Institutions with a limited staff. As many show violent propensities, which indeed usually bring them to notice, they probably often go to Rampton if dealt with as moral imbeciles. Clinically I should hold it was wrong to certify them as such, but administratively it may at times be almost a necessity, provided of course that the origin of the condition can be dated to early life and there are reasonable grounds for holding that it is of an incurable nature.

5. For fairly intelligent individuals who were suffering from some psycho-neurosis and who evinced emotional disturbance, some being hysterics, others showing obsessions or compulsions. Cab biling has figured as the offence in some of these and although there was some evidence of a general lack of care for the feelings of others the diagnosis of compulsion may have been rather charitable and a criminal rather than a defective mind the real solution. In some of these psycho-neurotic cases there has been a psychic trauma in early life, broken family relationships, abnormal dependence on one or other of the parents, and so on. There are also persons with a marked inferiority complex who may project this in feelings of hostility. This type does not seem to me rightly to fall within the definition, though again at present there may be no other available solution of the difficulties they present.

6. For certain cases of sexual perversion without obvious mental disturbance and no sign of conflict, the individual appearing quite satisfied with his conduct and wondering why others should interfere. Clinically it may be doubted if the term moral imbecile should be used for these, but it may well be that the inclusion of such was contemplated when the Act was framed, as the segregation of those who gratify their

desires in a manner which may corrupt others is so clearly to the public interest. In one or two instances, as the condition was due to faulty upbringing and a proper training *might* eradicate the tendency, the definition under consideration seemed inapplicable.

7. For certain unstable individuals with a moderate degree of retardation in intelligence but with childish emotional reactions to reality which they made little effort to control. These seem to correspond to Professor Burt's 'temperamental defectives' and should come under the class of feeble-minded persons. They show the imbalance of the emotions he describes as well as subnormality of intelligence. In this connection it seems strange that when the trouble arises from the excess of an emotion the sufferer should be described as having a defect of temperament unless Professor Burt will admit that all such have a defect of intelligence, control being a function of intelligence, in which case a separate class is not needed.

8. For ordinary recidivists in whose case the crime seemed rather the result of social surroundings and habit formation.

These should not be classed as moral imbeciles.

9. For certain extreme instances of callous ruthless individuals not lacking in intelligence, who seemed to have an all round lower feeling tone than the normal in their emotions, to be subnormal in sentiment and to be quite without regard for the feelings of others or even in some instances for themselves.

This last group seems to comply in a very special manner with the postulates of the definition, provided they have been guilty of vicious or criminal conduct and have been undeterred by punishment. It will therefore be referred to again in relation to the clinical as opposed to the legal and administrative problem.

The consideration of these groups and the similar ones recorded by the other symposiasts is of interest as showing how wide a reading has been accepted by the medical profession, and by the judicial authorities, including petty sessional benches, quarter sessions, stipendiary magistrates and the clerks of the courts, and confirmed by the Board of Control. This seems to indicate that general opinion accepts the view that the intention of the Act is to deal with all classes inimical to the public safety or convenience who can be brought within the range of the definition. This apparently irrespective of whether in strict logic it should be regarded as one of a series dealing with a particular clinical group of affections. The chief danger of the wide reading of the terms lies in the possibility of certifying those whose defect would be curable

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by psychotherapy or further education and of regarding as permanent moral defect the symptoms of perhaps temporary suppressions or repressions. Against this risk some safeguards are required.

The terms of the definition have been considered by each of the writers yet a few comments may remain. It must be realised that the definitions of the different classes of defectives in the Mental Deficiency Act to some extent overlap one another and certainly overlap the additional supplementary criteria which are in fairly general use. It could well be argued that a person in need of care, supervision and control for his own protection or for the protection of others was *ipso facto* unable to manage himself and his affairs, so that it is no surprise that cases occur in which one of the two medical signatories of petition certificates would diagnose an individual as feeble-minded and the other term him an imbecile. The overlap and therefore the probability of differences of nomenclature naturally increases, the higher the mental faculties in which the defect is sought. Here deeds speak louder than words, but they require careful interpretation even when the subject is able and willing to give a fair account of his actions and supposed motives for himself—one of the most important features of the investigation which does not always receive the attention it deserves.

Considering in turn the main points of the definition. 'Early age,' despite the experience of Dr Rees Thomas, has given a good deal of trouble, though part of this may have arisen through some confusion between the date of the onset of the causes of mental defect and of the manifestations of conduct of the type which brings the subject to notice. The exact legal meaning cannot be known for certain until the supreme branch of the judiciary, the House of Lords, has given a decision. The Board of Control have not apparently challenged the validity of certificates in which the earliest statement referred to the age of 16 or even if we may judge from Dr Rees Thomas to a later period. The London Police Magistrates and the Recorders of Quarter Sessions seem to take a more restricted view, more than one or two having stated that they could not go beyond the period of infancy, *i.e.* the pre-school age, though they are satisfied with evidence that the subject had attended a special school and must therefore have been defective prior to that age. So far as the Mental Deficiency Act refers to cases of true amentia it seems that this limitation is fully justified on clinical, anatomical and psychological grounds. The neuronic system is laid down in cell form by the time of birth, by the next three years the main tracts have received their myelin protective sheaths and the brain has grown to some three-quarters of

its adult dimensions. Inflammation, whether a result of injury or disease, works greater scathe in the first two to three years of life, quite out of proportion to its subsequent effects which are more strictly localized. Psychologically, it seems to be the view that at about the age of three to four the child has become aware of himself as an individual struggling with an outside reality, so that anything in the earlier phase which disturbs the normal development of this adaptation would have long-lasting, probably permanent effects. While this is so, it may be possible to enquire whether the law actually requires the evidence of some individual who was acquainted with the alleged defective in his infancy before he could be declared to have been defective from birth or an early age. Mr Justice Bailhache declared that the mere *ipse dixit* of a practitioner will not suffice, but this does not seem to show that if a certificate including a reasoned statement of why the defect must be deemed to be of this duration were accepted by a judicial authority, if similar evidence were accepted by a Court that on an appeal, say for a writ of habeas corpus, the High Court would hold that there was no evidence on which the lower court could reasonably have acted. Such observational evidence might be either extrinsic or intrinsic. There might be stigmata showing that the body of the subject had been unfinished from birth so that his mind might also have been. His educational attainments might be very low, though it was known that he had had adequate opportunities for education. His mental status may throughout a considerable period have been consistently low, during the whole period of his known history in fact, so that it is a reasonable presumption that it was equally low somewhat earlier. The real difficulty, not always fully appreciated by the layman, is that so often although a person appears of enfeebled mind at the moment there is positive evidence that this was not so in his youth or that he had been able to keep good employment and live harmoniously for some years; against this no mere opinion could prevail. In the case of the moral imbecile, though there may be no evidence of strong criminal propensities in childhood there may be its precursors, lack of obedience, lack of care for self and others, cruelty from lack of feeling and the like, though it must be realized that moral cases far more than those with obvious defects of intelligence require evidence as apart from mere rumour or deduction from later events. Still, it may be submitted that the question of early age, even if the demand be made to carry back to infancy, is not quite so difficult as is sometimes alleged, provided any source of information can be traced. It is usually only in the older cases that the latter difficulty

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arises, and when such present fair attainments and a fair response it may be quite impossible to say the age of origin of the conditions leading to the misconduct.

The terms 'permanent,' 'mental defect' have been fully discussed already. Most of the symposiasts seem to regard these as specially intended to exclude psychotic and psycho-neurotic cases, but if the matter be regarded from the standpoint of public safety rather than of clinical types, there is much to be said for the use of the section to segregate certain classes of offenders as described by Dr Thomas, provided the faultiness of the mental mechanisms can be shown to date from childhood.

Such cases however require special provision for their needs. The mental defect may be in any section of mind, but as the various factors work closely together, it is probable in all that cognitive, affective and connative faculties are alike implicated. Mental age has certainly not been taken as a main guide in deciding under which class an alleged defective should be certified, for in the series previously quoted the mental ages of the subjects deemed by some practitioner to be moral imbeciles has ranged from '7' to 'superior adult,' while their educational attainments have ranged from the lower levels of a special school to a first class in 'Greats.' It seems a pity to utilize a definition which must surely have been intended to comprise defectives of the more cultured kind for those easily included under the previous definitions, and it may be submitted that the term should be confined at least to those whose responses to intelligence tests are above the 10-11-year level.

The term 'coupled with' vicious or criminal propensities is another vital point. As is indicated by all, had the phrase been 'evidenced by' or words to that effect the intention would have been obvious and the diagnosis easy; though the class would then have included a large number of habitual offenders in whom criminal propensities are the only discernible abnormality. This would however have been opposed to the whole basis of the legal doctrine of responsibility. From the early years of the last century, and probably throughout the whole existence of English law, the test has been: "Has a given individual been of such sound mind as to be able to manage himself or his affairs?"—the presumed mental condition and not the obvious conduct forming the crux of the enquiry. This feature is clearly indicated in the summing up of a Master of the High Court in a case tried in 1862. "What the jury had to decide was whether Mr ——— was of such sound mind as to be able to govern himself and his affairs....The jury must be satisfied that he was incapable

of governing himself and his affairs by reason of unsoundness of mind. Mere weakness of character, mere liability to impulse or susceptibility to influence, good or bad, mere imprudence, extravagance, recklessness, eccentricity or immorality—no, not all these put together—would suffice unless they (the jury) believed themselves justified on a review of the whole evidence in referring them to a morbid condition of intellect¹.”

The general type of allegations in this summary are just those that might occur in a case of alleged moral imbecility and no doubt a similar line would be taken in any modern proceedings. It is of interest, too, to note the final phrase is ‘morbid condition of intellect.’ For the law, man is a reasoning animal, it is only the newer psychology which would regard supposed reasoning as a rationalization of instinctive obedience to unconscious urgings. This reliance on intellect fits well with Dr Tredgold’s submission that the moral imbecile is deficient in wisdom, and does not altogether disagree with Professor Burt’s class of temperamental defectives, since he makes his factor of stability the quotient of emotionality by intelligence. The wisdom referred to by Dr Tredgold is however largely an acquired character arising from education in the broadest sense. It seems doubtful if Professor Burt has made adequate allowance for suppression and repression in his estimate of emotionality, but perhaps these would affect stability only indirectly through the imbalance of the emotions. After all, both suppression and repression depend on factors which were once conscious and dependent on the intelligence, so that in the end the two views approximate to one another. I hope to urge later that the fundamental defect is one of feeling tone and so even more primitive and innate.

The terms ‘strong vicious and criminal propensities’ also require a little consideration. Elsewhere Dr Tredgold has argued that the term ‘strong’ is intended to exclude those of such weak character and impulse that they can scarcely be said to have strong propensities of any kind. Unfortunately, however, some such are serious public menaces. As regards ‘criminal’ the matter is simply a matter of law, though as pointed out some things are called crimes which would scarcely be regarded in public opinion as vicious; these can perhaps be excluded from present purview. It is unfortunate that so much affect attaches to moral questions as to prevent many from considering problems of alleged vice in the relatively dispassionate way they do matters of defect of intelligence. For example, some regard the fact of a woman being an habitual and unrepentant prostitute as being in itself and without other evidence

¹ *The Times*, January 30th, 1862.

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sufficient proof that she is a moral imbecile; irrespective of any considerations of her early environment and upbringing, or her possibly urgent needs. From this angle, it is a pity that the phrase 'despite careful upbringing' should have been omitted, for it must be clear that before conduct is ascribed to mental abnormality it must be established that a normal person would not have arrived at the same end if forced to travel the same social path. It is the customs and beliefs, the taboos of the particular local group forming the immediate environment of the alleged defective in his or her early years that matter. No one would think of judging the mentality of a savage solely by his reactions to a civilized code, but rather by his reactions to his own tribal customs, yet less is known of the true social anthropology of our cities than of many savage areas. "Those without the law shall also perish without law as many as have sinned in the law shall be judged by the law." To those brought up in sheltered homes lapses may be deemed to show the probability of mental defect, that would be but natural actions in those raised under other and laxer circumstances. Though there is the converse side; there are those who have been too sheltered and thus are ignorant of common facts, and have had no adequate channels for ordinary adolescent emotional developments; such may sin unwittingly. A careful survey of the alleged vicious propensities, their circumstances, and the motives assigned by the subject, is essential, for it may be that the import of certain facts which at first seemed serious may fade away upon closer scrutiny. As a case in point: a youth in an Industrial School was described as a moral imbecile apparently mainly on the information given to the practitioner by others to the effect that the youth persistently wandered at night, committed acts of petty pilfering, and was found sleeping or staying away from his dormitory, on which acts rigorous punishment had had no deterrent effect. Enquiry on the spot showed that the acts complained of took place during the height of the rationing of food and fuel in a winter of the war. The youth rose from his dormitory, raided the dumps, and took two or three potatoes to the furnace-room, where he roasted and ate his spoils. The dietary at the time was admittedly scanty, and the furnace-room the only really warm part of the school. Even allowing that this was serious conduct, since had all done the same the school allowance would not have sufficed, the results were of such real value to the forager that they might well be set off against the disadvantages of the inevitable punishment and the whole regarded as a normal reaction to a difficult problem of reality.

On the matter of 'punishment' it would seem most generally accepted

that parental punishment must be assessed as well as legal punishment of which there would be evidence from the police. Parental punishment is of importance mainly in relation to the evidence of early age. From the psychological standpoint, it is important, however, that the punishment should be recognized as such by the individual recipient. If a boy receives praise from his companions for his attitude in taking it without a murmur, sentiments of honour rather than of shame may be aroused. Also, if a boy is punished at school or by a court for misdeeds, while at home all are willing to profit by the proceeds of a successful foray, any blame or feelings of wrongness will become attached not to the deed itself but to the lack of skill which enabled the perpetrator to be discovered. This may be a good training for the intelligence but not for morality. The method was actually employed as a form of training in classical days in the schools of Crete and Sparta. Too often unfortunately alleged moral imbeciles turn out to be spoiled children who have never been punished beyond a half-hearted reprimand, the bad habits being thus impressed rather than broken or checked by the resulting immunity from serious discomfort. Dr Hamblin Smith's statement *re* legal punishment is no doubt the result of his cases being mainly those coming under Sections 8 and 9 of the Act. His remarks on the conflict between the pleasure and the reality principles constitute the basis of the deterrent effect of punishment. Were legal or scholastic or parental punishment as inevitable and impersonal as is Nature's punishment for playing with fire or hitting a stone with the hand, all save idiots would learn the lesson. It is the occasional escapes that keep up the idea of the worthwhileness of misconduct, while doubt as to the motive of the disciplinarian may spoil the moral lesson proposed.

Taking all in all, it would seem that there are cases that can rightly be certified under the definition of moral imbecility though the administration would have been easier if the terms had been less ambiguous.

The second main topic of this symposium concerns the existence or otherwise of a special clinical type which could be described as defective more in the moral than the intellectual sense and yet have the bases of their mentality abnormal. Such a type or types seem to exist, but only in a few instances would the members of this class comply with all the postulates of the legal definition of a moral imbecile.

The cases I have in mind show no defect of intelligence as measured either by formal intelligence tests or by the scholastic method of public examinations. They can render lip service to any ethical tests and could discuss ethical problems with considerable wisdom, for they are free to

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an unusually large extent from unconscious affective bias. They have even largely escaped the effects of the early example and precepts, forcible or otherwise, of the parents or their surrogates by the fact that their feelings were not excited and so there was nothing to cause endopsychic conflict or to lead to repression. It may of course be urged that there may be the alternative explanation of masochism.

In a sense they may be said to have solved their difficulties in the same manner as the perverts. Having little feeling of their own, they ascribe little feeling to others; possibly ascribe is the wrong word for it may be doubted if there is any conscious process of thought. They differ from the temperamentally defective in that they can scarcely be described as unstable, being more like a pathological exaggeration of the class called by Guthrie 'the unemotional child.' The extent to which the individual instincts are affected varies from one to another; when the self-regarding instincts have a low emotional tone, the person may sink into low, degraded habits. In one such case an educated girl who had worked in a government office during the war had become so degraded that even the lowest of waterside labourers and seamen, among whom she was finally a prostitute, could no longer tolerate her habits. She seemed to have no conflict, to take it all as a matter of course, as she had done seduction, and even incest, both of which seemed to have occurred without arousing emotion, though she was at the time in full adult life. The great feature of these is that their misconduct or callousness is shown in *all* directions. They are unfeeling to all around, to their parents, brothers and sisters, and to animals alike. They do not show the specialization noted in the criminal, and, indeed, in most vicious persons, but offend in all directions often to all appearance needlessly and senselessly. They cannot have shame nor apparently much joy, self-regard being often low; they form practically no altruistic sentiments and no social attachments. When the self-regarding impulses are only affected to a minor degree and intelligence is high, they may attain to a considerable success in life, though their proclivity for sacrificing others to themselves may be so utterly unbounded that from all ethical aspects they must appear undoubtedly mentally defective, albeit not necessarily certifiable. In the families of such it is common to find psycho-neurotic brothers or sisters and sometimes actual examples of ordinary mental deficiency, a feature that has also been noted in the family history of many sexual perverts. Where the defectives of this type have had children, these have often an inferior intelligence to their parent. No doubt it was some such observations that led to the old saying "clogs to clogs in three

generations." When possessed of good intelligence, such persons may make good, and even without that quality may do little harm unless one of the more aggressive instincts is dominant, but members of this type being without feelings for others may at times be the worst of scourges. It must be noted that this is not the type of the whiner who alleges he is never given a chance, that everything is always unfairly against him but that next time he will make good. Those now under consideration simply seem as if they could not be bothered to care about the matter but just go on with their conduct as a right. When they have shown the necessary strong propensities and have been ineffectively punished, such are clearly comprised within the definition. For the diagnosis of this type there would be:

(a) Evidence of low emotional tone in discussing events of present and past history, as also a history throughout of carelessness both for others and for self.

(b) A history of persistent misconduct of a very varied nature from childhood onwards, despite careful upbringing, and graduated exposure to temptation.

(c) A lack of consideration of their present position.

(d) Usually a history of neuropathic conditions in other members of the family.

(e) The absence of other explanations of the conditions revealed in examinations and history.

Dr Tredgold might reasonably maintain that it is lack of wisdom which is of the essence of the defect, but to me it seems to be the lack of feeling tone which keeps their social reactions, or many of them, at an infantile level, checks the action of the herd instinct, for many such do not seek or much concern themselves over the society of their own class, prevents their appreciating or caring about the fact that they are being or have been punished, and leaves them in the extreme of selfishness invincibly ignorant of the second great commandment of the Law.

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